

# **San Francisco VA Medical Center**



## **Predoctoral Internship in Clinical Psychology**

**2015-2016**

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**Director of Internship Training**

The predoctoral internship in clinical psychology at San Francisco VA Medical Center (SFVAMC) is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (the next site visit is 2019) and has been since 1979. The program is affiliated with University of California, San Francisco School of Medicine, Department of Psychiatry. SFVAMC internship offers comprehensive, high-quality, education-oriented training for clinical and/or counseling psychology graduate students from APA accredited doctoral programs. The application deadline for internship is NOVEMBER 1, 2014. We have five available positions for the 2015-2016 academic year.

## **The Training Setting**

### Hospital Community

The San Francisco VA Medical Center (SFVAMC), or "Fort Miley," as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan cities in the world. Located on a hill 7 miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include 23 buildings.

Each year SFVAMC provides diagnostic and treatment services to more than 400,000 veterans living in an 8-county area of Northern California in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open heart surgery in addition to treatment for mental health and substance use disorders. SFVAMC is accredited by the Joint Commission for its general medical and surgical programs as well as its psychiatry and substance abuse programs.

Through major affiliations with the Schools of Medicine, Nursing, Dentistry and Pharmacy of the University of California San Francisco (UCSF), and a number of other institutions, SFVAMC conducts formal, integrated educational programs at the undergraduate, graduate, house staff, and fellowship levels. More than 1500 students are trained annually in 60 professional and allied health academic programs approved by the American Medical Association, the Council of Teaching Hospitals of the Association of American Medical Colleges and the West Bay Hospital Conference. UCSF Medical Center has been ranked as a Nation's Best Hospitals for over a decade according to the annual surveys conducted by U.S. News & World Report.

In addition to its broader commitment to the veteran population and education, SFVAMC has the largest funded research program in the Veterans Health Administration with more than \$87 million in annual research expenditures. There are over 220 active research projects currently being conducted. Areas of particular interest are: PTSD, substance abuse, neuroscience disease, aging, oncology, hypertension, stroke, cardiovascular disease, Hepatitis C, health services research and advanced medical imaging.

SFVAMC also has the largest non-profit research foundation, Northern California Institute for Research and Education (NCIRE), also known as The Veterans Health Research Institute, which administers \$54 million dollars from which indirect costs serve to enhance the VA research enterprise. The Medical Center has four Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, bone research, and rehabilitation research and one HSR&D REAP in aging research. It is one of the few medical centers in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy, and is the site of VA's National Center for the Imaging of Neurological Diseases.

## Patient Population

The San Francisco VA Medical Center serves a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. All racial/ethnic groups are represented and there is a large LGBT community. Patients span the spectrum of socioeconomic classes.

Veterans do not have to have served in a war to receive benefits; however, the largest cohort are Vietnam Era veterans and the current conflicts in Iraq and Afghanistan (Operation Enduring Freedom, Operation Iraqi Freedom). Particular attention has been paid to program development and special services in order to meet the needs of our returning warriors and women veterans.

## **Psychology Setting within San Francisco VA Medical Center**

Psychological services and psychology training at SFVAMC are embedded into the Mental Health Service. The Mental Health Service teams have an interdisciplinary structure with the following disciplines represented: psychology, psychiatry, social work, nursing, internal medicine, addictions therapists, occupational therapists and peer support specialists.

Psychologists hold key positions in many of our specialized treatment clinics such as General Psychiatry Outpatient Clinic, PTSD Clinical Team, Substance Abuse Programs, Neuropsychological and Psychological Assessment Program, Health Psychology, Pain Management Clinic, Integrated Mental Health and Primary Care, Women's Clinic, Psychosocial Rehabilitation, Geropsychology, Home-based Primary Care and Suicide Prevention Team. We also have psychologists in our outlying Community Based Outpatient Clinics (CBOCs) such as in Santa Rosa, CA.

The psychology internship rotations involve placements in selected clinics under the primary supervision of highly skilled licensed training faculty such as psychologists or on some rotations, psychiatrists and/or social workers. There are 29 licensed psychologists supervising interns and approximately 15 core supervising psychologists belong to the Psychology Training Committee headed by the Director of Psychology Training (Dr. Rollins is Internship Director). All supervising psychologists and psychiatrists have faculty appointments in the Department of Psychiatry (Langley Porter Psychiatric Institute) at University of California, San Francisco School of Medicine. The clinical, teaching and scholarly achievements of our faculty are extensive, and are delineated at the end of this brochure.

## General Breadth of Training

Education of current and future health care providers is one of the five missions of SFVAMC. Over 650 fellows, residents, interns and students from a wide array of disciplines train annually. Mental Health Grand Rounds occur monthly. Since the Mental Health Service is affiliated with the UCSF Medical School, our staff and trainees have access to their library, colloquia and seminars including weekly Psychiatry Grand Rounds. Although we do not offer specialty training in counseling psychology, we do accept students from APA accredited counseling psychology programs who are interested in and who qualify for a general clinical psychology internship.

In 2000, the San Francisco VA Medical Center inaugurated a VA-funded clinical Postdoctoral Clinical Psychology Fellowship Program with emphasis in the areas of posttraumatic stress disorder and substance use disorders. Since 2007, our clinical fellowship has expanded to include emphasis areas in women's mental health and trauma, evidence-based psychotherapy, primary care psychology, HIV/HCV medicine, psychosocial rehabilitation, rural psychology, LGBTQ interprofessional healthcare and a 2-year clinical neuropsychology residency. These

fellowships are APA accredited (next site visit: 2014 for clinical programs, 2019 for neuropsych residency). We also have MIRECC and research postdoctoral positions, currently in the areas of women's health, geropsychology, schizophrenia and traumatic brain injury. Predoctoral interns are welcome to apply for these fellowship positions, providing the potential for sequential years of training in professional psychology at SFVAMC.

Additionally, SFVAMC has a large psychology externship (practicum training) program educating psychology doctoral students from local graduate programs.

### **San Francisco VA Medical Center Website Link**

<http://www.sanfrancisco.va.gov/index.asp>

### **San Francisco VA Medical Center Training Program Website Link**

<http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

### **Training Model and Program Philosophy**

The philosophy of our psychology training program is scientist-practitioner and training occurs through a distribution of experiences spanning across a variety of training rotations and assignments in assessment, intervention, program development/research and consultation.

Our training model is developmental in nature. Interns move from close supervision and more intensive instruction to relatively autonomous functioning over the course of the rotation and the year. Interns take an active and responsible role in developing their own training plans and adjusting it to meet their needs and emerging interests. Through this model, graduating interns develop the competencies and sense of professional identity needed for post-doctoral fellowships or entry-level positions in psychology.

A cornerstone of our training philosophy is an emphasis on breadth while also allowing for individual interests. In our view, a major strength of our training program is its ability to provide interns with an overall breadth of training without sacrificing the quality, meaningfulness or depth provided on each individual rotation. Interns can expect to obtain a well-rounded yet thorough exposure to experiences that are basic to the scientific practice of clinical psychology. Former interns have frequently given us feedback about how useful this type of training experience was in preparing for real-world careers and/or advanced training. This generalized training is reflected both in the variety of training assignments provided and in the range of theoretical orientations among the psychology staff, (which include cognitive-behavioral, mindfulness- and acceptance- based, psychodynamic, systems, and existential, humanistic approaches). And while generalist in nature, the internship allows for the option of increased focus on a particular population, such as trauma, addictions, chronic mental illness, neuropsychology or behavioral medicine. Another focus and, we believe, strength of our program is in the relatively "integrative" theoretical atmosphere that exists. Our emphasis is on interns gaining basic conceptual tools for thinking through the implications of varying perspectives. Interns are not likely to find themselves in a bind between staff members who are theoretically hostile toward each other. This allows interns a fertile atmosphere for evolving their own independent views.

Many of our staff have active scholarly or research interests and activities. The atmosphere in our setting encourages the role of a clinical psychologist as a scientist-practitioner who values and engages in academic/research endeavors and incorporates science into practice. There is ample opportunity for discussing

research issues on an individual basis with staff or in the context of seminars. It may be possible for an intern to participate in research studies or to formulate a new mini-project with a staff member such as outcome evaluation or program development. However, it is our view that one year is hardly enough time for interns to achieve their desired clinical goals as well as set up large blocks of time specifically for research activities. Interns may elect to attend the bi-weekly Research Seminar at UCSF to assist with their projects and/or research goals. This seminar also places emphasis on professional development and career objectives and planning, particularly in academia or research.

A major goal of the training program is to encourage and to promote open communication, ample feedback and the freedom to explore the issues involved in becoming a professional psychologist (e.g. professional identity, ethics, interface with colleagues from other disciplines, etc.). Consistent with our overall philosophy, we also expect interns to be open to self-exploration of countertransference and other personal reactions that manifest in contact with patients. These issues are most typically broached in supervision.

Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of individual differences. In our efforts to train culturally aware and competent psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars and clinical case conferences. Our program faculty has expertise working with patients from various racial/ethnic groups, sexual/gender orientations, religious affiliations and age groups. This is also reflected through the work of our thriving Psychology Diversity Committee.

### **Program Goals and Objectives**

In the service of training students who think critically about psychological issues and apply theory to practice, we are clear about the expectations of our graduates. The goal of our program is to help intern develop competency within the following domains: assessment; intervention; consultation; scholarly inquiry/activity; professional issues; ethics; sensitivity to diversity. Objectives within each domain are summarized below.

1. Interns will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems and needs. Although interns receive supervised training using a wide range of techniques, emphasis is placed on the administration and scoring of neuropsychological and psychological assessment instruments.
2. Interns will develop competence in the provision of evidence-based psychological interventions to adults with a variety of diagnoses, problems and needs through supervised experience in a variety of clinical and theoretical approaches. Interns gain supervised experience and are exposed to a range of therapeutic orientations and techniques and are expected to develop competency in general psychotherapy skills.
3. Interns will develop competence in providing consultation and in translating psychological principles to colleagues, trainees and others. Interns should be able to think rigorously about what they do as psychologists-in-training and communicate their ideas effectively with supervisors, peers, staff from multiple disciplines and patients and/or families.
4. Interns will understand the interface between science and practice, apply scientific knowledge to the clinical setting and become educated consumers of empirical research. They will demonstrate independent, critical thinking in scholarly activities and learn to plan and then execute a scholarly project such as a research activity, program development, outcome evaluation or quality assurance project.
5. Interns will develop the ability to utilize supervision and mentoring regarding professional development and growth. Interns are expected to develop openness, flexibility and a sincere interest in learning about themselves and their identity as a psychologist.

6. Interns will understand legal and ethical guidelines and demonstrate behavior that is consistent with professional standards.
7. Interns will have a mature understanding of the role of diversity in professional encounters and maintain sensitivity to issues of ethnic, cultural, gender and sexual diversity issues.

## **Program Structure**

The training program is organized, with some variations, into two six-month semesters. Two rotations are required: neuropsychology (12 months) and substance use disorders treatment (6 months). The remainder of time is individualized to each intern.

Neuropsychological and Psychological Assessment is a year long, 12 hr per week commitment. Our rationale for this requirement is that sustained exposure to current practices and empirical data related to clinical neuropsychology during the internship provides a strong foundation for the biopsychosocial understanding of a range of populations and the ability to provide clinical consultation across clinics. This complements training in most other rotations and prepares interns for future careers by providing a solid foundation in understanding underpinnings of various psychiatric disorders. Clinical conceptualization, methodical inquiry using a broad range of assessment techniques, hypothesis testing and collaborative feedback/consultation are the typical sequence. Neuropsychology is a field that is strongly tied to the rapid advances in clinical neuroscience that are altering our perspective on a range of issues related to the practice of clinical psychology. A year long exposure permits interns with a generalist background to gain greater knowledge of the strengths and limitations of psychological and neuropsychological evaluation strategies.

The requirement in substance use disorders treatment may be met by rotating through one of the four clinics within the Substance Abuse Programs (SAP). There are two specialty clinics: Substance Abuse/PTSD Team (SUPT) for veterans with co-occurring SUD and combat-related PTSD and the Opioid Treatment Program (OTP) for veterans with primary opioid dependence (e.g., heroin, narcotic pain medications) and two clinics which fall under general addiction treatment: the Substance Abuse Day Hospital (SADH), and the Drug and Alcohol Treatment Team (DAT). These clinics will be described in more detail later in this brochure. Included is a weekly one hour seminar led by Dr. John Straznickas which also satisfies the California psychologist licensure requirement for coursework in Substance Abuse Assessment and Treatment. Psychologists entering practice in every health care setting work with patients using substances but not all receive formal training making this an important skill area and marketable tool for the intern to gain. Additionally, the empirical literature demonstrates significant rates of co-occurring substance use disorders among populations with mood and anxiety disorders. Thus, our program requires training in assessment, treatment and multidisciplinary consultation for patients with SUD.

The rest of the interns' training experiences are determined by their particular interests and needs. Rotations may be divided into "major" and "minor" rotations. Some minor rotations may be taken for 3 months providing the opportunity for exposure to certain areas with less time demand. We make every effort to maximize the opportunity for each intern to choose rotations of his or her choice, consistent with prior training or relative deficiencies, constraints of ongoing commitments and the desires of the other interns. We have been able to achieve this aim in almost all instances.

Rotation selection takes place at the end of the three-day Psychology Trainee Orientation. This orientation allows trainees to meet the supervisors and to receive specific information about each rotation before making commitments for the year.

Typical clinical activities on each rotation include: initial evaluations and interviewing; assessment of personality, cognition and emotional functioning; differential diagnosis; psychotherapy with individuals, couples and groups; development and delivery of psychoeducational material; consultation with team members regarding patient care; writing of care plans and other administrative duties associated with patient care. In addition to clinical activities on the rotation, the intern receives didactic material and instruction to facilitate learning skills related to that rotation and may engage in outcome evaluation or program development. Supervisors model and instruct the intern in using theory, literature and critical thought to formulate hypotheses regarding patients' behavior. At the outset of each rotation, the intern is assigned clinical responsibilities and provided with regular supervision to develop the skills and meet the goals and objectives that were outlined in the initial meetings. The expectation is that the intern will assume increasing autonomy for clinical services and will come to function as an integral member of the treatment team.

As part of the training experience, interns participate as a group in a weekly Psychology Training Seminar designed for the exploration of professional development, clinical and training issues. For 16 weeks, the seminar is held jointly with the Clinical Psychology Training Program (CPTP) fellows at UCSF. There is also a 6 week psychopharmacology seminar series held jointly with CPTP fellows and the research seminar previously mentioned.

Time commitment: The internship requires a 12 month full-time (40 hours per week) training commitment equaling approximately 2080 supervised hours.

Supervision: Interns will receive at least four hours of regularly scheduled supervision per week, at least two of which will be individual supervision. Interns have one supervisor per rotation so supervision is plentiful and it is of high quality. Supervision and evaluation methods include intern self-report of clinical work, supervision sessions, live observation of intern-client or intern-staff interactions, review and co-signature of all written material such as progress notes or other additions to the computerized patient record system, observation of intern case formulation and case presentation in staff meetings, treatment planning conferences and other multidisciplinary settings, review of audiotape recording and/or videotape recording of psychotherapy and assessment sessions, and the review of psychological testing protocols and reports. Interns should expect to be assigned readings and literature reviews as part of their supervision and training experiences.

Self Disclosure: Self-disclosure in forms of discussions about countertransference and personal reactions to patients may be required for the benefit of training in psychotherapy and intern professional development. Our supervisors and Director of Training aim to create a safe place for this exploration. Interns may also be asked to disclose personal information in the context of their training if the supervisor feels that such personal information is needed in order to obtain assistance for a student whose personal problems are preventing the student from performing professional activities competently or whose problems are posing a threat to the student or others.

Mentorship: Mentors are psychologists on staff who agree to work with an intern throughout the training year in order to help the intern with professional development, morale and other issues not directly related to supervision of clinical work. Around August 1st, each intern will have the option to rank order three choices for mentor and submit them to the Director of Training. In instances when more than one intern prefers the same faculty member who cannot accommodate them all, selection will be made randomly. Otherwise, intern choice will be honored.

The purpose of the Intern Mentor Program is to build a forum into our internship that focuses on professional development issues. It is important to have an opportunity to think about and discuss issues that affect your development as psychologists but are not directly related to the clinical supervisory process. Specific arrangements for meetings with mentors will be left to the respective interns and their mentors.

Evaluations: Our goal is to produce graduates who are prepared to assume roles as postdoctoral fellows or entry-level professional psychologists. The program training goals and objectives stated above describe the general competencies that we feel are essential. Evaluations are necessary to guide and determine our progress in obtaining this goal and ensuring competence in each domain.

Interns are formally evaluated at the mid-point and at the end of each training activity (3 months, 6 months and 12 months depending on the length of the rotation). Evaluations are discussed with interns and may be modified by mutual agreement before being placed in the training files. Interns also are asked to evaluate their supervisors and rotations at mid-point and end of year and an exit interview with the Director of Training will be completed at the end of internship to solicit feedback suggestions for the program going forward.

In order to clearly measure and objectify criteria for acquisition of clinical skills and outcomes, intern evaluations quantitatively track successful mastery of each competency domain. To successfully complete our internship, an intern's final set of rotation evaluations at the end of the year should be rated at 90% competent for the expected level of training (intern exit level) and no items will be rated less than intern entry level.

A formal letter summarizing the rotations and respective evaluations will be sent to each intern's graduate school Director of Clinical Training after completion of the internship.

### Internship Rotations

#### **1. Neuropsychology and Psychological Assessment Program (12 hours per week): Johannes Rothlind, PhD**

The Neuropsychology and Psychological Assessment Program provides assessment and consultation services to veterans with known or suspected neuropsychiatric disorders. Veterans receive individualized assessment in response to consult requests that may be submitted by clinical providers anywhere within the VA network of clinics. The assessments involve clinical interview, review of history and records, and standardized tests, and are designed in response to specific referral questions. The evaluations may be requested to help characterize neuropsychological strengths and deficits in order to assist in differential diagnosis, assess level of functioning, aid in placement decisions and treatment/rehabilitation planning, track recovery/deterioration, and/or evaluate efficacy of treatment interventions. Brief patient and family consultation focusing on psychoeducation is offered to patients with brain impairments and their loved ones, with a focus on promoting recovery and facilitating adaptation. Assessment and consultation services are provided to both outpatients and inpatients.

Training in this internship rotation includes didactics as well as supervised experience in provision of neuropsychological and psychodiagnostic evaluation and consultation services. The training program extends year-long and involves participation in two weekly seminars/case conferences (2.5 hours per week). Seminar topics include: basic neuroanatomy; review of current literature concerning brain-behavior relationships; neuropsychological assessment strategies; assessment of personality and psychosocial functioning; differential diagnosis; consultation and treatment issues for special populations; and clinical report-writing. Interns may also elect to attend cognitive rehabilitation seminar, brain autopsy and relevant neurology and psychiatry grand rounds as time permits. Each intern spends three months of the year in the multidisciplinary Memory Disorders Clinic. For the remaining nine months, interns are involved in assessment and consultation sessions with veterans in a variety of other settings. Opportunity for clinical training in the multidisciplinary Traumatic Brain Injury (TBI) clinical team is also available.



The didactic training and supervised clinical experiences are designed to enhance skills and to provide further experience in the areas of neuropsychological and psychological assessment and consultation. The objectives of the training include further developing assessment and case formulation and report writing skills, and interns also gain further experience and skill in communicating findings and clinical formulation to patients, family members and staff. Interns receive individual and group supervision throughout the year.

**2. General Psychiatric Outpatient Services (GPOS) (6-10 hours per week): John McQuaid, PhD, primary supervisor; John Devine, MD, Susanna Fryer, PhD, Mark Stalnaker, PhD**

GPOS offers outpatient treatment for patients with a broad spectrum of psychiatric illnesses, including mood disorders, anxiety disorders, schizophrenia and other psychotic disorder, personality disorders, adjustment reactions, and organic mental disorders. Interns can work within the setting of a multi-disciplinary treatment team, and receive comprehensive training in development of treatment plans and in conducting appropriate psychological treatment. Treatment modalities utilized include individual and group psychotherapy, (particularly cognitive-behavioral and other evidence-based treatment approaches). Interns can also participate in a psychopharmacology clinic, providing psychosocial interventions while directly coordinating care with prescribers. Participation can occur, depending upon the intern's specific interests, within a particular specialty program in GPOS. These include the Mood Disorders Clinic (which includes specialty training in cognitive-behavioral therapy and related techniques), and a schizophrenia research clinic. Weekly supervision is provided by John McQuaid, Ph.D. or Mark Stalnaker, Ph.D., in addition to participation in team meetings and case conferences.

**3. Psychosocial Rehabilitation (hours negotiable): Jennifer Boyd, PhD, CPRP; Michael Drexler, PhD, CPRP**

Focusing on the Recovery Model of psychosocial rehabilitation for people with severe mental illness (SMI), the PSR rotation offers a variety of experiences within the Mental Health Service. These potential experiences include the Psychosocial Rehabilitation and Recovery Center (PRRC), the Telemental Health (TMH) program, the Local Recovery Coordinator (LRC) program, and the Workplace Violence Prevention (WVP) program, as well as individual therapy and neuropsychological assessment. Through these experiences, trainees will receive broad training in PSR for SMI within an inter-disciplinary context.

The Psychosocial Rehabilitation and Recovery Center (PRRC) provides services to Veterans with severe mental illness (SMI) with GAF scores of 50 or less. Diagnoses include schizophrenia, schizoaffective disorder, major depression, psychosis NOS, severe PTSD, and similar conditions. The PRRC offers services based on a community college model, and students (patients) select from among skills-based classes (groups), those that would contribute to their individually chosen recovery goals. The PRRCs are programs that have been mandated at VAs nationwide, and are charged with providing up-to-date evidence-based services contributing to role recovery in SMI. The PRRC interdisciplinary team includes psychology, social work, occupational therapy, nursing, recreation therapy, peer support, and trainees from all disciplines.

The Telemental Health program offers services to Veterans from our 6 Community based outpatient Clinics (CBOCs), as well as to some veterans in their own homes. These services offer skills-based groups, individual therapy, neuropsychological assessment, and some neurobehavioral rehabilitation via video conferencing. This emerging technology is at the forefront of the clinical interventions being offered through VA (contributing to access to services for veterans with behavioral challenges), and the experience provides the trainee an advanced introduction to the technology, best practices guidelines for telemental health, and related aspects of relevant

practice. While the focus will be on working with those with SMI, a range of concerns will be addressed, using a recovery-oriented perspective.

The Local Recovery Coordinator (LRC) program aims to promote the Recovery Model throughout the Mental Health Service. This experience offers the opportunity to participate in program development and large group-level interventions, and to provide recovery-oriented services in a variety of settings. Recovery projects are individually negotiated based on the trainee's interests and aptitudes.

The Workplace Violence Prevention (WVPP) Program offers services across the facility and to all CBOCs. Trainees can be involved in interdisciplinary discussion (with groups such as the Disruptive Behavior Committee, primary care teams, and other consulting teams) regarding individuals with challenging behaviors, and in direct evidence-based clinical interventions (such as Social Skills Training, Anger Management, Emotional Regulation) as appropriate for a given situation. While the focus is on veterans with challenging behaviors who have SMI, others who interact with SFVAMC and associated CBOCs come to the attention of the WVPP and provide an opportunity for appropriate interventions. Some interventions may be delivered (to veterans and staff who desire consultation on behavioral approaches) via videoconferencing equipment.

Interns are under the overall supervision of Dr. Jennifer Boyd, Associate Chief of Mental Health for Psychosocial Recovery Services (Local Recovery Coordinator), and Dr. Michael Drexler, Director of TeleMental Health and Workplace Violence Prevention Coordinator.

#### ***4. Time Limited Dynamic Psychotherapy (4 hours per week): John Devine, MD; Megan McCarthy, PhD***

Using Hanna Levenson, Ph.D.'s model of TLDP (developed at SFVAMC) interns carry one individual psychotherapy patient in weekly therapy. Cases are formulated in the format of cyclical maladaptive patterns. Issues of defense, transference, countertransference and termination are significant foci. The therapy and supervision are process centered with special attention to working alliance, emotional experiencing, and therapist intentions/response modes. Group supervision and didactic sessions meet weekly (with second year psychiatry residents) led by John Devine, M.D. Interns/residents present their videotaped sessions in group didactic and supervision. Trainees serve as consultants for one another. No previous psychodynamic experience required. TLDP is a six month rotation.

#### ***5. Substance Abuse Programs: Substance Use/PTSD Team (SUPT) (10 hours per week): Sam Wan, PhD; Kristine Burkman, PhD; John Straznickas, MD***

This is a six-month or year-long rotation in which the intern receives clinical and didactic training in assessment and treatment with veterans suffering with co-occurring posttraumatic stress disorder and substance use disorders. These are common co-morbidities encountered in both veteran and non-veteran populations, which often lead to substantial problems in functioning. The co-complicating nature of the two disorders is such that over time, addiction interferes with amelioration of the trauma disorder and the trauma disorder in turn discourages seeking or obtaining recovery from addiction. The intern will learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment, individual psychotherapy and psycho-educational modalities (e.g., anger management; mindfulness approaches; PTSD symptom management; relapse prevention). The intern(s) will work with a highly collaborative interdisciplinary team. This team provides a supportive context for intern clinical skill development and the exploration and insight into the common countertransference reactions to this patient population. The trainee will learn to provide evidence-based treatments for PTSD (i.e., cognitive processing therapy & exposure-based treatments), and systems informed, cognitive-behavioral, and psychodynamic therapies. The trainee will also increase understanding of the neurobiological underpinnings of

substance dependence and psychopharmacology. Groups that are often led by trainees in SUPT include Seeking Safety, OEF/OIF drop-in, Reducing Avoidance, and Anger Management. There is a weekly interdisciplinary team meeting and a didactic seminar during which trainees have the opportunity to present their cases and interesting topics and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorder.

#### **6. Substance Abuse Programs: Opioid Treatment Program (OTP) (3-6 hours per week): Kellie Rollins, PsyD**

The Opioid Treatment Program (OTP) within the Substance Abuse Programs (SAP) of the Mental Health Service is an intensive outpatient substance abuse treatment program for veterans with primary opioid dependence and offers comprehensive mental health services, psychosocial rehabilitation and medication-assisted treatments (MAT) for addiction. The majority of OTP patients also have co-occurring psychiatric disorders and polysubstance abuse/dependence issues (e.g., stimulants, alcohol, benzodiazepines, nicotine). Given the destructive nature of chronic substance abuse, particularly injection drug use, many also suffer from other medical illnesses such as hepatic diseases, cancers and severe psychosocial stressors such as homelessness. Patients are mostly men, range in age from 23-85 and 40% are ethnic minorities. A large percentage of our newer admissions are young adults between the ages of 25-30.

OTP functions as a multidisciplinary hospital team that includes a psychologist, a psychiatrist, a social worker, nurses, addiction therapists, psychology post-doctoral fellows, psychology interns, psychiatry residents, research staff, nursing students, toxicology specialists and a pharmacist. Although classified as an outpatient program, the milieu more resembles an intensive day program and many veterans come to the program 4-7 days per week. Dispensing is open every day and psychological services are offered primarily in the mornings Monday-Friday.

The OTP rotation provides interns with an opportunity to increase the understanding of the biological underpinnings of substance use disorders and develop a solid foundation in effective treatment strategies for addiction, co-occurring disorders and recovery from the drug-using lifestyle. The core of the intern's training experience will be co-leading Dr. Rollins' 2x/week long-term psychotherapy process group using an interpersonal/relational model. Additional clinical opportunities include individual psychotherapy cases (long-term and/or short-term problem focused) and/or co-leading the Matrix Group for Stimulant Use Disorders or Advanced Phase Group. In some years, interns have had the opportunity to plan, develop and implement a psychotherapy group of choice with the substance abuse postdoctoral fellow or a psychology extern. Examples of other past and current groups in ORT include young adults recovery, mindfulness- and acceptance-based groups, DBT, Seeking Safety, harm-reduction alcohol recovery, social skills groups, anger management, pain management and problematic gambling group.

Additional opportunities for interns include engaging in the numerous research projects in our department or receive training to conduct our Contingency Management (CM) program, an evidence-based program targeting stimulant use specifically. Our clinic also runs an Opioid Overdose Prevention & Naloxone Distribution Program (OPND) that includes individual and group overdose prevention education sessions for patients and friends/families in conjunction with the medication kit. Interns may opt to work with our nursing staff delivering this critical psychoeducation or assist with collecting outcome data. Staff in our OTP also manage the Veterans' Garden and lead other activities around campus that benefit of veterans we serve.

One hour per week of individual supervision will be provided by Dr. Rollins. Consultation with Dr. David Kan, Medical Director of ORT, may also be provided. Schedule permitting, interns may participate in weekly ORT Clinical Team Meetings, ORT didactics and/or the weekly advanced Substance Abuse Seminar chaired by Joan Zweben,

Ph.D., a nationally recognized leader in the substance abuse field, and Steven Batki, MD, Chief of SFVAMC Substance Abuse Programs.

**7. Substance Abuse Programs: General Addictions Program (3-6 hours per week): Christopher Galloway, PhD; Jessica Keyser, PhD; Joni Utley, PsyD; Ellen Herbst, MD; Sally Vrana, MD**

In the General Addictions Program, there are a range of training opportunities in the assessment and treatment of addictive disorders and co-occurring conditions that span the continuum of recovery from initial engagement and contemplation of change through long-term recovery. There are two tracks in the general addictions program- an intensive outpatient track (Substance Abuse Day Hospital) and a continuing care track (Drug and Alcohol Treatment Clinic) and interns may participate in rotations focused in either track or both. Veterans admitted to the General Addictions Program often present with a variety of stressors, which are typically related to a history of addiction to alcohol and other drugs of abuse. Treatment addresses a range of difficulties, including primary affective disorders, primary psychoses, transient affective or psychotic symptoms resulting from substance abuse, PTSD or other stressor-related disorders, anxiety disorders, cognitive impairment, personality disorders, and various medical problems. The focus in treatment is consistent with SAMHSA's 2011 definition of recovery. Specifically, recovery includes emphasis in 4 domains: Health, Home, Purpose, and Community. Using an integrative approach, case coordinators and group facilitators utilize evidence based methods (e.g., MI and CBT), facilitate peer support in groups, and assist in connecting veterans with appropriate veteran and community resources to help them succeed in recovery.

The **Substance Abuse Day Hospital (SADH)** provides comprehensive intensive outpatient treatment. SADH runs M, W, F from 9am-1pm and is staffed by a multidisciplinary team. Veterans meet regularly with a case coordinator and participate in a variety of groups, such as CBT Relapse Prevention, Seeking Safety, Anger Management, DBT skills, mindfulness skills, vocational and recreation therapy, 12-step and Life Ring. Additionally, veterans meet with a psychiatrist to consult about medication assisted treatments for addiction as well as psychiatric medications, as needed. Interns working in SADH will develop expertise in assessing, diagnosing and treating addictive disorders and related medical and psychiatric conditions, including managing and appropriately triaging intoxication and withdrawal. There are a variety of ongoing group therapy offerings that interns may participate in. Interns also have an opportunity to work with other trainees, including addiction medicine fellows, anesthesia pain fellows, psychiatry residents, medical students, and other psychology trainees.

The **Drug and Alcohol Treatment Clinic (DAT)**, staffed by a multidisciplinary team, is designed to encourage long-term continuing care within a primarily abstinence-based model. Treatment is based on a three phase model (roughly equivalent to stabilization/sobriety, sustained recovery/abstinence, and integration/ ongoing maintenance), and utilizes group psychotherapy as main treatment modality. Early treatment is highly structured and behaviorally oriented, and interns will have the opportunity to co-facilitate skills-based groups such as CBT Relapse Prevention, Mindfulness Based Relapse Prevention, Dialectical Behavioral Therapy with a SUD focus, and Anger Management. Interns may also co-facilitate semi-structured, process style groups, where advanced phases are progressively less structured and more psychotherapy/insight oriented. While abstinence is the typical goal in DAT, level of motivation varies among veterans and interns may participate in a motivational enhancement group for veterans struggling with chronic relapse, and/or a substance abuse group for women veterans who may or may not be ready to commit to abstinence. DAT has also recently started a harm reduction group, which utilizes an MI approach for veterans who have not committed to abstinence.

Individual psychotherapy is available and interns will be encouraged to adopt the treatment modality that best meets the needs of the veterans they are working with (e.g. CBT, dynamic psychotherapy, existential, etc). Trauma

exposure is fairly common among this veteran population and, in the context of addiction, many veterans demonstrate pervasive dysregulation of affect, cognition, behavior, relationships, and self-identity and frequently present with chronic homelessness, legal consequences, and interpersonal problems. Interns will have the opportunity for case coordination and collaboration with numerous community partners including transitional housing and residential treatment programs, back-to-work programs, VA medical providers, probation officers, and various social service agencies

Additionally, interns may sign up to participate in a three-month Motivational Interviewing Seminar, led by Drs. Keyser and Utey. Activities include: didactics around philosophy of MI and techniques, review of brief assigned readings, experiential exercises to practice MI skills, and practice with veterans. The seminar culminates in an opportunity for learners to receive feedback from supervising psychologists on taped MI sessions with veterans.

***8. Posttraumatic Stress Disorder Clinical Team (PCT) (10-12 hours per week): G. Dawn Lawhon, PhD; Martha Schmitz, PhD ABPP; Angie Waldrop, PhD; Susan Maxwell, PsyD; William Wolfe, MD; Shira Maguen, PhD; and Sabra Inslicht, PhD***

PCT offers a fast-paced and rewarding interdisciplinary training environment, in which interns sharpen their skills and explore empirically validated treatments for PTSD. Our clinic specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We provide interns with a solid foundation in phase-based trauma work, and our trainees leave PCT with specialized skills in assessment, diagnosis, and treatment of PTSD. We offer both 6- and 12-month rotations; please note that the full-year rotation is required for interns seeking training in empirically-validated exposure-based treatments for PTSD (e.g., Cognitive Processing Therapy, Prolonged Exposure) – this training will be offered during the second half of the year.

Training in PCT includes a weekly didactic seminar series with opportunities for case presentation, assessment of PTSD using the Clinician-Administered PTSD Scale (CAPS) and PTSD specialty evaluation, treatment planning, and treatment engagement in the context of the Behavioral Health Access Center (point of initial intake for most patients entering mental health treatment at SFVA), provision of phase-based individual psychotherapy for PTSD, co-facilitation of psychoeducation groups and/or process groups for PTSD. Interns will also participate in our PTSD “360 clinic” (where the intern provides consultation, treatment planning and brief targeted interventions, working closely with colleagues in psychiatry and social work). Training in empirically-validated exposure-based treatments for PTSD (e.g., Cognitive Processing Therapy, Prolonged Exposure) is provided during the second half of the year and is reserved for interns who do a full-year rotation with PCT.

***9. Group Psychotherapy (2 hours weekly, six months): Russell Lemle, PhD***

Interns have the opportunity to co-lead with Dr. Lemle an on-going group psychotherapy for six months. Patients are veterans in advanced recovery from alcoholism and substance abuse. Treatment focus is on intrapsychic and interpersonal disorders, roughly using a Yalom orientation. Group is one hour weekly, supervision is half hour.

**10. Seminar on The Nature of Being a Psychologist and Psychotherapist (1 hour per week): Russell Lemle, PhD**

Interns may elect to attend a weekly one-hour seminar that delves the core of psychotherapy and the nature of being a psychologist. It meets the entire year. The seminar covers several topics: (1) In reviewing videotapes of actual psychotherapies, the mechanisms of psychotherapy process are dissected at a micro level. (2) Moving outward from #1 above, larger issues about the nature of psychotherapy are discussed. (3) It is inevitable in conducting psychotherapy, and in being in this field, that emotional reactions arise. The seminar takes time to share these reactions in a supportive context. (4) Overarching, systemic factors greatly impact being a psychologist. We explore what they are and how they arise.

**11. Family Therapy (4-6 hours per week): Keith Armstrong, LCSW; Sarah Shonkwiler, LCSW**

The Family Therapy Clinic offers training in Emotionally Focused Couple Therapy and /or systemically based family therapy. Interns assess and treat 2 families, participate in one and a half hour weekly didactic and receive one hour weekly supervision. Cases are videotaped and tapes are used in both individual and group supervision. Interns are part of a multidisciplinary team and offer consultation to peers through group case discussion as well as participation on Reflecting Teams. This training may be taken as a component of the PTSD rotation or as an independent minor rotation.

**12. Interdisciplinary Pain Clinic (6-12 hours per week): Sarah Palyo, PhD; Emily Sachs, PhD; Michael Stroud, PhD**

The Interdisciplinary Pain Clinic is an opportunity for interns to participate in an interdisciplinary, medical-based clinic that takes a multi-modal approach to the treatment of chronic pain conditions. In addition to psychology, disciplines represented on the Pain Clinic team include anesthesia, physical medicine and rehabilitation, physical therapy, pharmacy, and nursing. An emphasis of this rotation is on learning how to work collaboratively in an interdisciplinary team setting. Veterans who are referred to the clinic are often struggling with complex pain conditions, psychiatric/substance use disorders, and significant physical disability. Pain Clinic offers medication consultation to primary care providers as well as treatment options including interventional pain procedures, physical therapy, and psychotherapy. Interns would have the opportunity to participate in an interdisciplinary assessment clinic, co-lead a weekly pain management group, and provide individual therapy (CBT, ACT, biofeedback) for the management of chronic pain.

**13. Health Psychology (6-12 hours per week, 6 months): Timothy Carmody, PhD**

The Health Psychology Program is a six-month rotation during which interns provide psychological consultation and treatment services directly to medical and surgical patients and co-lead group interventions for patients with chronic pain and chronic medical illnesses. Interns can choose to take either a minor or major rotation in Health Psychology, with the time commitment ranging from 6 to 12 hours per week. Patients are referred to the Health Psychology Clinic from primary care, Pain Clinic, mental health, and other ambulatory care clinics. Patients referred to Health Psychology with co-morbid psychiatric and substance use disorders participate in other mental health programs concurrently, requiring coordination of care with other mental health providers. Interns choosing Health Psychology as a major rotation may also receive additional training in biofeedback therapy and hypnosis interventions designed to assist patients in managing stress and chronic pain. Finally, this rotation includes a one-hour Health Psychology seminar and case conference with discussions on chronic pain, evidence-based psychological interventions in behavioral medicine, mindfulness, CBT, ACT, treatment of nicotine dependence, and

stress management biofeedback, adjustment to medical illness, management of diabetes, and hypnosis in medical settings.

#### **14. Primary Care Psychology (4-8 hours per week): Charles Filanosky, PhD ABPP**

The six month Primary Care Psychology rotation occurs within the Medical-Practice Mental Health Integrated Clinic, a co-located collaborative care treatment model. Trainees work in an integrated primary care setting with other professionals including physicians and residents, nursing staff, nutritionists, pharmacists, and social workers. As a team, we provide a broad range of health services including mental health care to veterans living within the community. The goal of the rotation is to prepare trainees to work effectively with medical staff and allied professionals in this fast-paced setting to provide comprehensive patient centered care.

Fully embracing a generalist training model, trainees respond to a broad range of consultation requests including mental health triage which involves immediate follow up for veterans who screen positive for mental health conditions or for whom their primary care providers feel that a connection to specialty mental health services would be beneficial. Trainees also follow veterans on an ongoing basis for brief, focused behavioral health related interventions utilizing motivational interviewing and cognitive behavioral techniques in the context of individual psychotherapy or behavior health lab approaches. Opportunities for the development of group treatments also exist including cross-discipline collaboration with nutrition, social work, and other providers. Some assessment may also be a component of the training and referral questions can include capacity, education, or return to work evaluations or diagnostic clarification including traumatic brain injury, dementia, posttraumatic stress disorder and other conditions.

#### **15. Psychiatric Intensive Care Unit (PICU) (15 hours and/or 4 +hours): Isabella Fernandez, MD; Heather McCormick, RN-BC**

This rotation is on an acute care, co-ed general psychiatry locked ward. The length of stay for patients is usually one to two weeks, but may be longer. A variety of disorders are represented, including schizophrenia, affective disorders, borderline personality disorder, anxiety disorders, organic syndromes, post-traumatic stress disorder and substance abuse disorders. The intern is a member of a multidisciplinary team consisting of nurses, social workers and psychiatrists. The unit is an active teaching unit, with nursing and medical students, in addition to the psychology intern. There are two options for PICU rotations.

Option #1: In general, the intern will be primary therapist for one to two inpatients at any given time, and will be involved in intake interviewing, including a detailed history and mental status exam, developing and carrying out a treatment plan, coordinating discharge planning, and writing the discharge summary. The intern may perform some formal psychological/neuropsychological assessment batteries with patients of interest. This rotation gives the intern in-depth training in the assessment and treatment of severe psychopathology utilizing a variety of modalities. These include individual, group, family, milieu and pharmacological therapies, as well as electroconvulsive therapy, and also training in multidisciplinary treatment-team functioning and the systems dynamics of inpatient units and modern hospital care. Supervision is provided by an attending psychiatrist.

Option #2: The intern's role will be to develop curriculum for and co-facilitate a group(s) in the PICU, either in addition to the 15 hour rotation or independently of it. This would be a wonderful opportunity to share your expertise and partner with a PICU staff member (Peer Support Specialist, RN or SW) in planning for and co-facilitating a group over the course of 3 months or more. Supervision will need to be coordinated through Dr. Rollins as there is

no psychologist on the ward at this time. The trainee would be expected to attend interdisciplinary rounds (preferably on the day of the group), prepare for the group, co-facilitate the group and document the group in CPRS. Groups that have previously been developed and facilitated by trainees/fellows: Orientation to Recovery, Relapse Prevention, CBT for Insomnia, Life Skills (real life problem solving using CBT, DBT and ACT), Coping with Changes.

**16. Women's Clinic (4-6 hours per week): Hui –Qi Tong, PhD; Caitlin Hasser, MD**

The Women's Clinic is a 6-month rotation in Women's Mental Health. The clinic provides a broad range of mental health services integrated in a primary care clinic setting in order to decrease stigma, provide early evaluation and continuity of care. The women's clinic population has a high rate of exposure to a variety of traumas including military/civilian sexual trauma, combat trauma, childhood trauma and intimate partner violence. In addition to Axis I conditions such as PTSD, mood, substance use and eating disorders, treatment may focus on areas of concern such as emotion regulation, somatic concerns, family responsibilities or interpersonal relationships. The rotation is flexibly designed to meet the training needs of the individual intern, with a focus on individual treatment which includes Interpersonal Psychotherapy (IPT), Cognitive Behavioral Therapy (CBT) as well as mindfulness-based interventions. Interns participate in one hour of case conference/didactic weekly and receive one hour weekly group supervision.

**17. HIV/HCV Psychology (8-12 hours per week): William Hua, PhD**

A rotation in the HIV and Hepatitis C (HIV/HCV) clinics will provide clinical training in general mental health and behavioral medicine in HIV and HCV clinical care. For veterans living with HIV these include a wide range of clinical issues including adjustment to diagnosis, stigma, medication/treatment adherence, cognitive impairment, pain management, substance abuse, smoking cessation, and other behavioral health issues related to disease prevention and healthy living. Additionally, interns will see patients who are dealing with anxiety, depression, PTSD, insomnia, and other mental health issues. For veterans living with HCV, interns will see patients for initial evaluation to determine treatment readiness for antiviral treatment, provide motivational interviewing for patients contemplating treatment, and provide on-going support for patients while on treatment.

Interns will have the opportunity to work with a dynamic and supportive interdisciplinary team of providers who are dedicated to providing comprehensive care to veterans living with HIV or HCV. Clinical experiences and opportunities include brief assessment, triage services, initial intakes, brief neuropsychological screening, in-clinic consultation, in-clinic follow-ups, individual therapy, and group therapy. There are opportunities to co-lead groups in both clinical settings as well as develop new groups based on the needs of the clinics and patients. For one hour a week, interns are expected to participate in the National HIV/HCV Didactic virtual seminar, which focuses on the clinical care and mental health management of HIV and Hepatitis C patients. Other (optional) opportunities include experience with providing mental health consultation to clinicians providing care to patients with HIV or HCV via the SCAN-ECHO (Specialty Care Access Network Extension for Community Health Care Outcomes) program. Individual supervision is provided along with group supervision with the full HIV/HCV psychology team, which includes didactic presentations and case conferences. This rotation is available as a 6- or 12-month rotation; interns who choose a 6-month rotation must participate during the first half of the year.



**18. Suicide Prevention Program (4-8 hours per week): Megan McCarthy, PhD; Thais Williams, LCSW; Nazneen Bahrassa, PhD**

The Suicide Prevention Program is part of a VA national strategy to address the problem of suicidality in the veteran population. The VA program for suicide prevention is based on a public health approach, which recognizes that suicide prevention requires ready access to high quality mental health services, supplemented by programs that address the risk of suicide directly. The suicide prevention team is responsible for a range of administrative, clinical, educational, and community outreach activities focused on accurate and thorough assessment of suicidality, as well as the clinical management and monitoring of patients identified to be at elevated risk of suicide. Suicide prevention staff also coordinate with medical and mental health providers across the San Francisco VA system, working in a consultative and supportive role to enhance the quality of care offered to at-risk patients.

This is a six-month or year-long rotation in which the intern will receive clinical and didactic training in the latest empirically-supported approaches to the assessment and management of suicide risk, as well as emerging theoretical approaches to the understanding of suicidality. Primary clinical duties will involve assessment and intervention with patients dealing with a range of diagnostic concerns and who have been identified to be at elevated risk for suicide. The intern will receive training in and experience conducting a brief suicide safety planning intervention, focused on helping the patient to develop coping resources for dealing effectively with suicidal and other emotional crises. Most clinical contact will occur within the Psychiatric Intensive Care Unit (PICU), although some opportunities for outpatient follow-up may be available. The intern also has the opportunity to participate in the Dialectical Behavior Therapy (DBT) treatment team, including participation in the team consultation group, co-facilitating a DBT skills group, and/or provision of individual treatment. Additional opportunities for involvement in administrative duties, outreach activities, and research are also available dependent on interest. Supervision will involve at least one hour weekly meeting with staff psychologist, as well as weekly participation in suicide prevention team meetings.

**19. Off-site Rotations**

Interns are also permitted to train up to 300 hours per year at approved off campus sites under the supervision of UCSF Faculty. The intern will be responsible for exploring these options prior to the start of the internship so that the training experience can begin early in the year and negotiated with the Director of Training. Typically, interns find there are more than enough opportunities on site, but this allowance is offered for training with populations we may not serve. In the past, interns have negotiated rotations at the Bipolar Disorder Clinic, Multicultural Adolescent Program and Prodromal Clinic at UCSF.

**Research Opportunities and Scholarly Project**

Many SFVAMC staff and colleagues at UCSF are grant-funded and many faculty and fellows are involved in a variety of research studies and projects. Program development and outcome evaluation are also critical to our department and there are ongoing activities aimed at quality improvement. We feel these scholarly activities, research or program evaluation, are important skills for interns to learn. Thus, we ask that interns partner with a supervisor/mentor and complete a scholarly project of their choosing during the year. Interns are encouraged to choose a project that is meaningful to them but much of intern productivity will be based on intern initiative and influenced in part by dissertation status.

Examples of projects which interns have become involved with in prior years are, but not limited to, the following items:

- Systematically evaluate a clinical intervention (e.g., efficacy of a group psychotherapy)
- Productively engage in or complete a program development or improvement project for a specific clinic
- Engage in a Quality Improvement project for SFVAMC Mental Health Service
- Collect and analyze data for an ongoing research project with clinical intervention focus
- Participate in ongoing research studies or formulate a new mini-project with faculty
- Implement findings from existing research to improve current clinical activities or clinic functioning
- Conduct a needs assessment, plan, and implement a project that will benefit veterans across the Medical Center

### Intern Seminars

Interns attend 1-3 hours of weekly didactics held at either SFVAMC or the nearby UCSF campus. This includes a 6 week psychopharmacology course, 12 month research seminar, 16 week clinical seminar series and 12 month psychology training seminar. The following are examples of core curricula offered at each site:

#### **SAN FRANCISCO VA PSYCHOLOGY INTERN SEMINAR**

Mondays 3pm Building 8, 3<sup>rd</sup> floor conference room

Research Opportunities – group discussion/information hour  
Group Therapy: Part I – Russell Lemle, PhD  
Group Therapy: Part II – Russell Lemle, PhD  
CBT & the Therapeutic Relationship - John McQuaid, PhD  
Intern check-in (adjustments)  
Clinical Supervision – Dawn Lawhon, PhD  
Teams and Leadership – Steve Rao, PhD  
Promoting HIV/HCV fellowship (i.e., pitching your own fellowship idea) – Maggie Chartier, PsyD  
Death & Dying: Psychologists in Hospice and Palliative Care – Michael Drexler, PhD  
Death & Dying Part II – Michael Drexler, PhD  
Edna Foa Videos -- Russell Lemle, PhD  
Phantom Limb Pain – John McQuaid, PhD  
Career Panel Discussion: Research vs Clinical vs Combination  
Conceptualization Debate – John McQuaid, PhD & Russell Lemle, PhD  
Working with Transgender Patients – Shira Maguen, PhD  
Intern Check-in (pdoc app season)  
Women's Issues -- Hui Qi Tong, PhD  
Panel discussion: Fellowship Selection Group Discussion  
Gender Issues Working with Male Populations – Nancy Odell, LCSW  
Cultural Competence – Sam Wan, PhD  
Medical Marijuana -- David Kan, MD  
Law & Ethics – Kellie Rollins, PsyD  
Mock Job Talk  
Social Phobia: Beyond Manualized Treatment -- Jessica Keyser, PhD  
It Takes a Village: PTSD/SUD Treatment -- Kristine Burkman, PhD  
CPTP – (When Patients Die: Effects of Patient Deaths, Including Suicides, on Therapists)  
Reflections in Professional and Personal Balance – Sam Wan, PhD & Victoria Tichenor, PhD  
Intern Check-in (endings)  
Malpractice: What Clinicians Should Know – David Kan, MD  
End of year celebration & intern feedback session

**UCSF CPTP Clinical Seminar Syllabus**  
**1<sup>st</sup> and 3<sup>rd</sup> Monday of the month, 4-5 PM\***

**Overview:** A 14-session seminar for pre- and post-doctoral fellows in clinical psychology focused on evidence-based clinical interventions, career development, and licensure issues.

**Seminar contacts:** John McQuaid, Ph.D.

**Dates, Speakers, & Topics:**

Welcome and Introductions, CPTP and SFVA Clinical Psychology Fellows meet  
*Use of CBT for Treating Schizophrenia in Older Patients* John McQuaid, PhD, Professor, UCSF/ VAMC  
*Addressing Substance Misuse in Elderly* Derek Satre, PhD, Associate Professor, UCSF  
*The Practice of Geropsychiatry* Jeremy Doughan, PsyD, SFVA  
*Treating Geriatric Populations*, Pat Arian, PhD, Professor, UCSF  
*Career Development, Leadership and Practice in Clinical Psychology* Jacqueline B. Persons PhD, Director, The San Francisco Bay Area Center for Cognitive Therapy  
*Prevention and Treatment for Postpartum Depression for English and Spanish-speaking Women* Alinne Barrera, PhD, Assistant Professor, Palo Alto University  
*Surviving Licensure Panel Discussion* Panelists: Maggie Chartier, PhD; Rebecca Crabb, PhD; Danielle Ramos, PhD; and Weiling Liu, PhD  
*Cross-cultural Issues in Treating PTSD* Shannon McCaslin, PhD, VAMC  
*When Patients Die: Effects of Patient Deaths, Including Suicides, on Therapists* Mark Stalnaker, PhD, VAMC  
*Effective Clinical Supervision* Vanessa Kelly, PsyD (Associate Professor, SFGH/UCSF)  
*Cognitive Impairment, Disability and Structural Brain Abnormalities Associated with Late Life Depression* Scott Mackin, PhD, Assistant Professor, UCSF

**Other ongoing seminars:**

- UCSF Department of Psychiatry Grand Rounds (at Langley Porter Psychiatric Institute)
- SFVAMC Mental Health Service Grand Rounds
- Substance Abuse Faculty/Fellows Seminar w/ Dr. Joan Zweben
- Psychology Diversity Committee
- Continuing Care Division Clinical Conference
- Neurology-Neurosurgery Teaching Conference
- Psychosocial Rehabilitation Forum
- Child and Adolescent Psychiatry Grand Rounds – UCSF
- Psychiatry Grand Rounds – UCSF
- Colloquium Series - Santa Rosa VA CBOC, Mental Health Clinic
- Advanced Psychotherapy Seminar w/ Dr. Mardi Horowitz (at Langley Porter Psychiatric Institute)

**Sample SFVAMC Grand Rounds presentations:**

- Risk Assessment Workshop
- Multicultural Supervision Workshop
- Cross Cultural Dislocation: A Clinical and Social Dialogue
- Diversity: Progress, Challenges, Solutions
- Mindfulness Based Cognitive Therapy for Depression
- Interpersonal Process Psychotherapy
- MDMA for Treatment of PTSD
- Mirages of Equality for Women in Science
- The Male Brain
- The Essentials of Starting and Leading a Successful Psychotherapy Group
- Loving, Hating, and Knowing: Working with Resistance, Rebellion, and Refusal

- Personality: Axis I's Neglected Stepchild
- Understanding our Patients' Journeys: The Role of Literature
- Mindfulness Meditation
- Pharmacology of Alcohol Use Disorders
- Ethics of Informed Consent
- Addiction and Serious Mental Illness: New Research on Treating Alcohol Dependence in Schizophrenia
- "Your HIV test came back positive." Now what?: The Case for Universal HIV Screening in Mental Health
- Deep Brain Stimulation for Treatment-Resistant Depression
- Making Clinical Supervision More Effective
- Women & Technology Workshop
- The Evolution of Psychodynamic Psychotherapy Training: A Personal Perspective
- Emotions and decision-making: Exploring brain/body mechanisms in the emotion-behavior link
- Mental Health Issues of Woman Veterans

## Requirements for Completion

Internship is a full-time one year (52 week) program equaling approximately 2080 hours.

In order for Interns to maintain good standing in the program they must:

- For the mid-point of each rotation, obtain ratings that are the equivalent of "close supervision and substantial training required" in at least 80% of items for each competency area.
- Demonstrate progress in those competency areas where less than 80% of items on the evaluation have been rated equivalent to "little supervision needed".
- Not be found to have engaged in any significant ethical transgressions or have issues with professionalism that interfere with their ability to perform as psychologists-in-training

In order for Interns to successfully complete the program, they must:

- By the end of each rotation, obtain ratings of the equivalent to "little supervision needed" in at least 90% of items in each competency area.
- No items will be rated at the equivalent of "close supervision needed" unless new skill area
- Not be found to have engaged in any significant ethical transgressions or have issues with professionalism that interfere with their ability to perform as psychologists-in-training

## Facility and Training Resources

There are two intern offices that our 5 interns share based on random assignment. Each intern will have their own workstation with lockable cabinets, drawers, computer and telephone with private extension number. Interns carry VA issued pagers and are not expected to use their own resources such as cell-phones, flash drives and recording equipment. Clinical space will be provided on assigned rotations through a room check-out procedure. Each VA computer has access to the Internet and on-line literature search resources as well as word processing and medical record keeping. There is a broad range of psychological and neuropsychological tests available. The SFVAMC Medical Library has over 350 current journal subscriptions, many of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Our librarian's motto: "if I can't find it, you don't need it."

## **Administrative Policies and Procedures**

Our privacy policy is clear: we will not collect personal information about you when you visit our website.

## **Problematic Performance and Due Process**

Procedures for the rare cases of problematic performance are in place, as are due process and grievance procedures to be followed by interns and staff alike.

## **POLICY & PROCEDURES FOR PROBLEMATIC INTERN PERFORMANCE & DUE PROCESS**

### **Introduction**

It is the purpose of the SFVAMC Clinical Psychology Internship Training Program to foster and support the growth and the development of interns during the training year. An attempt is made to create a learning context within which the intern can feel safe enough to identify, examine, and improve upon all aspects of his or her professional functioning. Therefore, interns are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, there should be no surprises since an intern is aware of his/her progress on an ongoing basis.

It is a goal of training for supervisors to work with interns to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the intern to address the problem area(s) and build on the strengths.

### **Definitions of Problematic Behaviors**

For the purposes of this document intern “problematic behaviors” are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;
2. repeated non-adherence to the rules and regulations of the Clinical Psychology training Program and/or the San Francisco VA Medical Center;
3. an inability to acquire professional skills that reach an acceptable level of competency;
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning and/or
5. professional issues that impair the ability to perform satisfactorily as psychologists-in-training

Evaluative criteria which link this definition of "problematic" to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at mid- and end-points of the rotations. These criteria, or objectives, are kept in mind throughout the year and discussions regarding an intern's progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when an intern's behavior becomes problematic, for the purposes of this document a “problem” refers to a intern's behaviors, attitudes, or characteristics which are perceived to be not unexpected or excessive for professionals in training at the intern level. Problems typically become identified as serious when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the intern behavior does not change as a function of feedback, remediation efforts, and/or time.

## **Policy**

- A. It is the policy that interns may fail a specific rotation, and/or entire internship and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the intern group may be diverse and because interns come with different skills and abilities, it is not expected that all interns will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons but it is not limited to this list:
  1. incompetence to perform typical psychological services in this setting and inability to attain competence during the course of internship;
  2. violation of the ethical standards of psychologists;
  3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
  4. behaviors which are judged as currently unsuitable and which hamper the intern's professional performance;
  5. violation of VHA or San Francisco VA Medical Center regulations.
- B. It is also the policy that the intern can invoke his/her right of appeal as specified the Procedures and Due Process section of this document.

## **Procedures and Due Process**

### **A. Determination of Problematic Status**

Whenever a supervisor becomes aware of an intern problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the intern. The Director of Training will then present the situation to a meeting of the Training Committee (minus the Chief Psychologist). A determination will then be made by consensus whether or not to label the intern "problematic," which implies the possibility of discontinuing the training. This will be done after a thorough review of the intern's work and performance, and one or more meetings with the intern to hear his/her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

## B. Remedial Action

An intern who is determined to be “problematic” but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine the necessary steps to correct it. Members of the faculty at the intern’s graduate program shall be consulted for input into this planning process. When a plan for correction has been determined, the intern will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the intern.

## C. Procedure for Termination and Appeal

1. Due Process: The intern will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the intern’s graduate program shall be sought. If he/she is unable to attend personally, arrangement shall be made for some means of conference call communication. Additionally, other representation may be sought by the intern.
2. Appeal: Should the Training Committee recommend termination, the intern may invoke his/her right of appeal to the Chief Psychologist. That individual may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologist would not be on the Training Committee (nor would have supervised the intern) and may include someone from another APA-accredited program such as Palo Alto VA. The training program shall abide by the decision of the appeal process.

## **Grievance Policy & Procedures**

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and interns that are based on mutual respect; however, it is possible that a situation will arise that leads an intern to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
2. Causes for grievances should be addressed in the following steps:
  - a. The intern should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the intern should always notify the Director of Training, even if the issue is resolved.
  - b. A situation might be too difficult for an intern to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter.

- c. If the steps taken in a and b above fail to resolve the matter adequately, the intern can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
- d. If the grievance is against the Director of Training, the Chief Psychologist will designate a member of the Psychology Training Committee to undertake the investigation of the matter and report back to the Psychology Office.
- e. If the intern is not satisfied with the Director of Training's decision, the matter can be appealed to the Chief Psychologist who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

## **Application & Selection Procedures**

### Eligibility

Applicants must meet the following required prerequisites to be considered for an internship in the VA:

- **Doctoral student in an APA-accredited Clinical or Counseling Psychology program**
- **Approval for internship status by graduate program training director**
- **U.S. citizenship**
- **Men must have registered for selective service**

### Selection Process

The internship program at San Francisco VA Medical Center is competitive. We receive close to 200 applications each year and we interview only about 25-35 of those for our five positions. This is a difficult process and we must cut many very well qualified applicants. Often, the margin between being accepted or rejected is minimal.

Completed applications are reviewed by 2-5 members of our Psychology Training Committee. Sometimes current postdoctoral fellows and interns participate in this process, but no application will be rejected until reviewed by a staff member and/or the Director of Training. Application ratings are based on the applicant's academic work and accomplishments, breadth and quality of previous clinical training (minimum of 1000 total practicum hours required), understanding and skills in psychological assessment, match between our training program and the applicant's needs and interests, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, self-awareness) and organization and clarity of written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for interns whose interests and training goals match the training that we offer.



We will make a decision about accepting a particular individual for interview as quickly as possible after his or her application has been reviewed. All applicants will be notified by December 15 either by telephone or email whether they will be invited for an interview or not.

### Interviews

The Director of Training (Dr. Rollins) will notify you if you have been selected for an interview by December 15. We strongly prefer onsite interviews. For applicants who absolutely cannot arrange for an on-site visit, we will consider telephone interviews.

Interviews will be scheduled across multiple days in January, 2015. They consist of a series of 5-7 half hour interviews. Dr. Rollins, Director of Training, Dr. Rothlind, Director of Neuropsychology Program, and other key faculty (your preferences will be honored when possible), a current intern and possibly a postdoctoral fellow. Individual interview styles and structure vary among staff. Some clinical teams may choose to interview as groups.

Once you have been invited by Dr. Rollins, you may coordinate your date preferences with the program contact she provides (often a postdoctoral fellow). Interview days may be limited in January, but we will make every attempt to honor your preferences.

### Rankings

An Internship Selection Committee is formed each year that is comprised of members of the Psychology Training Committee, current interns and postdoctoral fellows and is led by the Director of Training. Rankings of interviewees will be determined by this Committee and based on application materials and interviews. Final rankings will be submitted by the deadline of Wednesday, February 4, 2015. We abide by all APPIC policies.

### Training Term

The internship is full-time for one year beginning on July 1, 2015 and ending on July 1, 2016. One year at full-time equals approximately 2080 supervised hours.

Interns are entitled to 10 federal holidays and earn sick leave and annual leave (vacation pay) at a rate of 4 hours of each per two-week pay period worked (for a total of 13 days of each). San Francisco VA Medical Center also offers generous professional leave for conferences, dissertation defense and other approved educational activities.

### Stipend and Benefits

The current stipend is \$28,382 per year. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by Civil Service Retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for interns on a matching basis, (i.e., interns pay half of the premium and the VA pays the other half.) Health benefits are not offered for all recognized marriages, please check with us for exceptions. Dental and vision insurance are also available. San Francisco VA Medical Center also offers a public transportation reimbursement program.

## Match Policies

The San Francisco VA Medical Center Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in the APPIC Internship Matching Program administered by National Matching Services Inc (NMS). The guidelines in effect for this application year are available from APPIC. This internship site agrees to follow APPIC guidelines and to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

## Application Procedures

To apply for our internship:

1. Complete the online AAPI (APPIC Application for Internship) and designate San Francisco VA Medical Center.
2. Submit three letters of recommendation and graduate school transcripts.
3. All application materials must be submitted through the online AAPI. No materials will be accepted by e-mail or US mail.

## Contact Information

Given this is a busy season for program staff, we encourage you to read our materials and the VA website thoroughly before contacting us with administrative questions.

Questions regarding your application or other administrative questions should be directed to Jamye Kubick at [jamyekubick@va.gov](mailto:jamyekubick@va.gov) or 415-221-4810 x 2004.

Specific questions regarding the training program may be directed to Dr. Kellie Rollins at [kellie.rollins2@va.gov](mailto:kellie.rollins2@va.gov) or 415-221-4810 x 4362.

## **Commission on Accreditation (CoA), American Psychological Association**

750 First Street, NE  
Washington, DC 20002-4242  
202-336-5979

[www.apa.org/ed/accreditation/](http://www.apa.org/ed/accreditation/)

In accord with the Federal Drug-Free Workplace Program, interns may be subject to urine toxicology screening for illicit drug use. Other branches of the Federal Government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VA Medical Center is an Affirmative Action/Equal Opportunity Employer.

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The Space Shuttle Endeavour on September 21, 2012 as seen from the San Francisco VA Medical Center.



### San Francisco VA Medical Center Psychology Training Staff

**Keith R. Armstrong, LCSW** is the Director of the Family Therapy Clinic, the social workers in Mental Health Service and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). He is also a member of the Posttraumatic Stress Disorder Program. Prior to his 23 years of outpatient work at the VA he was the inpatient social worker for the VA's Psychiatric Inpatient Unit. He received his master's degree in Social Work from University of California, Berkeley in 1984. He is author of clinical and research articles and chapters addressing the treatment of traumatized individuals and families. He co-authored *Courage After Fire*, a self-help book for returning Iraq and Afghanistan veterans and their families and recently co-authored book *Courage After Fire for Parents*. In 2005 he also won the Excellence in Direct Teaching Award by the Haile Debas Academy of Medical Student Educators and in 2011 he won the prestigious George Sarlo award given to the top UCSF Department of Psychiatry instructor. In 2013 he was given his 5th excellence in teaching award by the University of California Psychiatry Residents Association. He is currently a consultant to the intensive Family Therapy program at UCSF and in 2013 was named national social worker of the year for the VA.

**Nazneen Bahrassa, PhD** is a Staff Psychologist on the Suicide Prevention Team based in the Santa Rosa CBOC. Dr. Bahrassa received her doctorate in counseling psychology from the University of Minnesota, Twin Cities, where her research focused on parent-child conflict among immigrant and non-immigrant families. She completed her pre-doctoral internship at the VA St. Louis Health Care System and postdoctoral fellowship at the San Francisco VA Medical Center, where she specialized in women's health and trauma. Dr. Bahrassa performs a range of clinical, administrative, and educational duties focused on the assessment, management, and treatment of suicidal behaviors in veterans in the northern CBOC communities (Santa Rosa, Ukiah, Eureka, and Clearlake). She also provides supervision to VA trainees in psychology and offers training in individual and group therapy services for women veterans including DBT and trauma-focused care. Dr. Bahrassa's current research interest include examining the impact of intimate partner conflict on women's health and well-being.

**Steven L. Batki, MD** is Chief of the Substance Abuse Programs, Director of the Addiction Psychiatry Fellowship Program, and Director of the Addiction Research Program at the San Francisco VA Medical Center. He is Professor in Residence in the UCSF Department of Psychiatry. In his previous role at UCSF, he was Director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital. Dr. Batki engages in clinical research in addiction psychiatry and psychopharmacology with a focus on the treatment of addiction and comorbid mental illness and medical disorders. His research work is currently funded by NIDA and the Department of Defense. His NIDA projects are aimed at improving the treatment of methamphetamine dependence. Dr. Batki's DoD-funded research at the San Francisco VAMC focuses on clinical trials to improve the treatment of alcohol use disorder in veterans with PTSD and in veterans with mild TBI..

**Jennifer E. Boyd, PhD, CPRP** is the Associate Chief of Mental Health for Psychosocial Recovery Services. She is also an Associate Adjunct Professor of Psychiatry at the University of California, San Francisco. Dr. Boyd was educated at Stanford University, the University of Maryland, Georgetown University, and Columbia University. Her research investigates the influence of sociocultural factors on psychopathology, such as the cross-cultural validity of psychological measures, and the effect of internalized stigma on the course of severe mental illness. Noteworthy papers include —"Hearing voices: Explanations and implications," "Internalized stigma predicts erosion of morale among psychiatric outpatients," "Correlates and consequences of internalized stigma for people living with mental illness: a systematic review and meta-analysis," "The relationship of multiple aspects of stigma and personal contact with someone hospitalized for mental illness, in a nationally representative sample" In clinical work, Dr. Boyd uses the recovery model of psychosocial rehabilitation. She received awards from the American Psychological Association Division 18 in 2009 for Outstanding Contributions in Psychosocial Rehabilitation, and in 2013 the Michael S. Neale award for service to people with serious mental illness.

**Kristine Burkman, PhD** is a staff psychologist with the Substance Use and PTSD (SUPT) Clinic and the PTSD Research Program. Dr. Burkman received her doctorate in clinical psychology from Northwestern University, Feinberg School of Medicine, where her research focused on developmental trauma and risk behaviors among youth in the child welfare system. She completed her pre-doctoral internship and postdoctoral fellowship at the San Francisco VA Medical Center, where she specialized in traumatic stress and co-occurring substance use disorders. Dr. Burkman provides supervision to trainees in psychology and psychiatry, and participates in the SUPT educational seminar. She offers training in comprehensive diagnostic evaluations, engagement among highly ambivalent veterans, individual and group psychotherapy, including trauma-focused cognitive behavioral therapies, and program development. Her clinical interests include developmental trauma, war stress, attachment, addiction, harm reduction, motivational enhancement therapy, and skills based interventions for self-regulation (i.e., DBT, Seeking Safety, anger management, mindfulness). Dr. Burkman's research interests include psychological impact of killing in war, moral injury, gender difference in combat PTSD, and treatment development for PTSD and complex trauma.

**Timothy P. Carmody, PhD** is Director of the Health Psychology Program, Health Sciences Clinical Professor of Psychiatry, UCSF, and Associate Director for Mental Health for the Center of Excellence for Education in Patient-aligned Care Teams in Primary Care. He received his doctorate in clinical psychology from the University of Montana in 1977 and has been a member of the Psychological Services staff since 1985. His professional interests include nicotine dependence, chronic pain, obesity/weight control, and behavioral factors in the prevention and treatment of coronary heart disease. He is affiliated with the Department of Psychiatry's Treatment Research Center and NIDA-funded Drug Abuse Treatment/Services Research Training Program, focusing on tobacco use cessation in alcohol-dependent smokers. He has published in a variety of areas in behavioral medicine including smoking cessation, pain management, and prevention of coronary disease. Dr. Carmody has been the recipient of a Research Career Development Award from the National Heart, Lung, and Blood Institute (NHLBI) and has served on several ad hoc grant review committees for NHLBI. He was also a member of the Evidence-Based Behavioral Medicine Committee for the Society of Behavioral Medicine. His research has been funded by the VA HSR&D and RR&D Programs, NIDA, and the University of California Tobacco-Related Diseases Research Program. He serves as an editorial consultant to several professional journals and is a member of the editorial boards for the *Journal of Clinical Psychology in Medical Settings* and *Psychological Services*. He also serves as chair of the VA's National Technical Advisory Group for tobacco use cessation, member of the planning committee for the VA Psychology Leadership Conference, and is current chair of the APA Division 18/VA section.

**Maggie Chartier, PsyD, MPH** is a staff psychologist at the San Francisco VA Medical Center and an Assistant Clinical Professor at UCSF. She is also the National Public Health Clinical Psychologist for VHA's HIV, Hepatitis, and Public Health Pathogens Program (HHPHP) in the Office of Public Health/Clinical Public Health. She received her MPH in Epidemiology at the University of Washington, Seattle in 2004 and her PsyD from the PGSP-Stanford Consortium in Palo Alto, California in 2009. She completed her clinical internship at UCSF and her postdoctoral fellowship in HIV/HCV Psychology at the San Francisco VA. Her primary areas of interest are in the psychological care of patients with HIV and Hepatitis C, health psychology, and Acceptance and Commitment Therapy (ACT).

**John Devine, MD** is a staff psychiatrist General Psychiatry Outpatient Services and is an Associate Clinical Professor, Department of Psychiatry, University of California, San Francisco. Dr. Devine received his medical degree from the University of Vermont in 1988, and completed his internship and residency in psychiatry at the University of California, San Francisco in 1992. He served as Chief Resident in Psychiatry at the SFVAMC from 1992-93, and has since worked as a staff psychiatrist in the outpatient services. His interest include psychiatric education, psychodynamic psychotherapy, group psychotherapy, treatment issues related to affective disorders and the psychiatric issues of patients with HIV infection. Dr. Devine's most recent publication has been a chapter on psychotherapy of patients with HIV infection in a book entitled: The UCSF ADS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention and Therapeutic Practice.

**Jeremy Doughan, PsyD** is an Assistant Clinical Professor of Psychiatry at UCSF School of Medicine and staff clinical psychologist at the San Francisco Department of Veterans Affairs Medical Center, Division of Geropsychiatry. Dr. Doughan provides clinical services to a number of programs and clinics throughout the medical center: Home Based Primary Care, Hospice/Palliative Care Service, Geriatric Medical Practice Clinic and Geropsychiatry Mood Assessment Clinic. In addition, Dr. Doughan is the Clinical Geropsychology Postdoctoral Fellowship Director and co-director for the Geropsychology training program at SFVAMC. Dr. Doughan received his undergraduate degree in psychology from the University of Minnesota. He subsequently received his master's and doctoral degree from the Minnesota School of Professional Psychology. During his graduate tenure, he completed an advanced practicum in geriatrics at the Minneapolis Department of Veterans Affairs Medical Center, a pre-doctoral APA clinical psychology internship at the Miami Department of Veterans Affairs Medical Center and APA postdoctoral fellowship in Clinical Psychology, with Geropsychology specialization, at the Department of Veterans Affairs Boston Healthcare System. He held academic appointments as a Teaching Fellow in Psychiatry at the Boston University School of Medicine and Clinical Psychiatry Fellow at Harvard Medical School. Currently he is an Adjunct Professor of Psychology at the University of San Francisco. Dr. Doughan's interests include geriatric-neuropsychological evaluations, personality assessments of older adults, interpersonal psychotherapy of geriatric patients and academic teaching/supervision of trainees.

**Michael L. Drexler, PhD, CPRP** is the Director of the Telemental Health Section and Workplace Violence Prevention Coordinator, and is a staff psychologist and neuropsychologist at the San Francisco VA Medical Center. Prior roles at SFVAMC have included Clinical Director of the Psychosocial Rehabilitation and Recovery Center, Local Psychosocial Recovery Coordinator (LRC) for Severe Mental Illness, Geriatric Neuropsychologist and Geropsychologist. He continues to supervise Postdoctoral Fellows in the Hospice Unit. Before coming to the VA, he worked at Laguna Honda Hospital and Rehabilitation Center in San Francisco, serving as Director of the Neuropsychology Service, Program Director of Psychosocial Units (with a focus on SMI), and Psychosocial Coordinator of the Dementia Cluster. Dr. Drexler has worked as the consulting neuropsychologist for Geriatric Services of San Francisco, Garfield Geropsychiatric Hospital in Oakland, Morton Bakar Geropsychiatric Center in Hayward (during which time Telecare Corporation embraced the psychosocial rehabilitation model), and Letterman Army Medical Center in San Francisco. He is Assistant Clinical Professor at UCSF, Adjunct Professor of Neuropsychology and Neuropsychological Assessment at the California School of Professional Psychology of Alliant International University, Instructor in Psychosocial Rehabilitation, Geropsychology and Neuropsychology at UC Berkeley Extension, and is Lecturer,

Level 6, teaching the Gerontology Focus courses at Notre Dame de Namur University in Belmont California. He is a Fellow of the National Academy of Neuropsychology, and board certified by the Psychiatric Rehabilitation Association (formerly the United States Psychiatric Rehabilitation Association). Clinical placements while in training included Pyramid Alternatives in Pacifica, Garfield Geropsychiatric Hospital in Oakland (now Garfield Neurobehavioral Center), internship was at SFVAMC, and his Postdoctoral Fellowship (focusing on neuropsychology and rehabilitation psychology) was completed at Laurel Grove Rehabilitation Hospital (Eden Hospital) in Hayward California. He received his doctorate from the California School of Professional Psychology of Alliant International University, Berkeley, in 1988.

**Maria Isabella Fernandez, MD** is the Director of Psychiatric Intensive Care Unit and Assistant Clinical Professor at University of California, San Francisco. She graduated medical school at the University of Barcelona and completed residency at UCSF and a fellowship in geriatric psychiatry at Brown University. Her areas of interest are inpatient psychiatry, mood disorders, electroconvulsive therapy, and geriatric psychiatry. She teaches and directly supervises 3rd year UCSF medical students on their core psychiatry rotation and lectures in medical student rounds. She has published in the areas of panic disorder and treatments with buprenorphine.

**Charles Filanosky, PhD, ABPP** is a Staff Clinical Neuropsychologist board certified in Rehabilitation Psychology. He is an Assistant Clinical Professor of Psychiatry at UCSF and plays an active role in SFVAMC's Center of Excellence in Primary Care Education. Dr. Filanosky is detailed to primary care where he evaluates veterans who screen positive for mental and behavioral health concerns and provides consultation services to the medical staff. He also performs neuropsychological evaluations for PNAP where he specializes in traumatic brain injury (TBI). In addition, he is involved in the coordination of services for returning OEF/OIF veterans, performs compensation and pension evaluations at San Quentin and Napa State and is a member of the Polytrauma Clinical Support Team. He conducts brief evidence-based therapies including CBT and Problem Solving Therapy. Prior to this, he completed a two year post-doctoral residency in clinical neuropsychology and rehabilitation research at The Mount Sinai Medical Center in New York and was an adjunct member of the faculty at Hunter College of the City University of New York. He earned his doctorate at the Pacific Graduate School of Psychology (2004) and has a Master's degree in education from Boston University (1995). His research interests include neuropsychological assessment, TBI, applications of technology in within mental health, and coping with grief and bereavement.

**Chris Galloway, PhD** is Program Director for the Substance Use Transitions Program and a Staff Psychologist for the Substance Abuse Day Hospital and Drug and Alcohol Treatment Clinic. Additionally, he is the VISN 21 SUD Program Lead (the liaison for VA Central Office and the SUD programs at VA's in this region). Prior to these roles he developed and directed the Suicide Prevention Program at the SFVAMC, served as Co-Chair of the hospital's Disruptive Behavior Committee, Co-Chair for the Mental Health Service's Quality Improvement Committee, and led the Mental Health Service's Systems Redesign efforts. Volunteering outside of the VA he is President of the Board of the Greater SF Bay Area Chapter of the American Foundation for Suicide Prevention. After receiving his PhD in Clinical Psychology in 2006 from the University of North Carolina at Chapel Hill, he completed a Postdoctoral fellowship with the Dual Disorders team at the Center for Excellence in Substance Abuse Treatment and Education at the Seattle VA. Dr. Galloway offers opportunities for training in all aspects of assessment and treatment of addictions, as well as program development. Dr. Galloway's research interests include assessment, etiology, and treatment of substance abuse and comorbid mental health conditions as well as suicide prevention.

**Caitlin Hasser, MD** is the Director of the Women's Mental Health Program, the VA site director for UCSF psychiatry residency training program and Assistant Clinical Professor at UCSF. She completed medical school at the University of Virginia in 2003 and her psychiatry residency at UCSF in 2007. Dr. Hasser works as a consultant to the Women's Clinic, a multidisciplinary clinic designed to provide comprehensive services to women veterans. The women's mental health program is currently expanding with increases in the services provided to women as well as educational opportunities for trainees in this integrated setting. Her interests include affective and anxiety disorders during pregnancy and the postpartum period, intimate partner violence screening, sexual trauma, post-traumatic stress disorder, primary care-mental health integration, multidisciplinary teaching and improving access to care. She has a strong commitment to teaching and regularly supervises psychology and psychiatry trainees. Her most recent publication is a perspective on intimate partner violence screening.

**Ellen Herbst, MD** is Associate Chief of the Substance Abuse Programs, staff psychiatrist and Assistant Clinical Professor of Psychiatry at UCSF. She is the Medical Director of the Substance Abuse Day Hospital (SADH) at the VA Medical Center, an intensive outpatient day program for patients with substance use and dual-diagnosis disorders. She has extensive clinical experience working with veterans with chronic mental illness, with a particular interest in substance use disorders, women's health, and post-traumatic stress disorder. In 2005, Dr. Herbst helped to design and implements a clinical trial investigating the effectiveness of D-cycloserine medication treatment combined with cognitive behavioral therapy for post-traumatic stress disorder. She also has a strong commitment to teaching and regularly supervises UCSF psychiatric residents, fellows, and medical students.

**William Q. Hua, PhD** is a staff psychologist in the Infectious Diseases and Liver clinics, where he provides psychosocial and behavioral support for veterans living with HIV and/or hepatitis C (HCV). He also mentors providers to provide specialty HIV and HCV mental health care to veterans living in rural communities through the Specialty Care Access Network Extension for Community Healthcare Outcomes (SCAN-ECHO) program. Dr. Hua is also the director of the HIV/HCV psychology training program. Prior to coming to the San Francisco VA in 2013, Dr. Hua received behavioral medicine training through the Palo Alto VA Health Care System psychology internship and fellowship programs. He completed his PhD in Clinical Health Psychology & Behavioral Medicine from the University of North Texas-Denton/University of North Texas Health Sciences Center. Dr. Hua is also a co-founder of a nonprofit organization called Here to Hope which focuses on promoting health and education for both HIV-positive and HIV-negative children living in children's homes in Guyana, South America. In 2010, he was recognized by the American Psychological Association for his local, national, and international work in addressing stigma and improving wellness in persons living with HIV/AIDS.

**Sabra Inslicht, PhD** is a Staff Psychologist at the PTSD Clinic at the San Francisco VA Medical Center (SFVAMC). She received her PhD in clinical and health psychology from the University of Pittsburgh, completed a clinical internship at the Palo Alto VA and clinical and research postdoctoral fellowships at Stanford, UCSF, and the SFVAMC. Within the PTSD program, Dr. Inslicht conducts evaluations of PTSD patients, sees individual therapy cases and specializes in evidenced based treatments for PTSD, including Prolonged Exposure and Cognitive Processing Therapy for PTSD. Research interests include biological risk and resilience in PTSD such as fear extinction processes and associated neurobiological correlates, pharmacological adjuncts to enhance fear extinction, and the application of these findings to the treatment of PTSD in veterans. She also conducts research on gender differences in biological moderators (e.g. neurosteroids) of the stress response in PTSD. She is available for consultation on both research and clinical activities.

**David Kan, MD** is the Associate Chief of Mental Health for Quality Improvement, Medical Director of the ORT Clinic and Medical Review Officer for SFVAMC. He received his medical degree from Northwestern University Medical School and completed his psychiatry residency at UC San Francisco. He has also completed a Forensic Psychiatry Fellowship. He has supervised psychiatry and psychology trainees in the ORT and Substance Abuse Day Hospital and has won teaching awards through UCSF. His professional interests include addiction treatment, forensic psychiatry and assessment and treatment of special populations including the criminal justice populations. Dr. Kan also works part time for the City and County of San Francisco conducting evaluations and risk assessments. He is a member of the SFVAMC psychotherapeutic medications and co-chair of the Behavioral Alert Review committee. He authored the addiction chapter for First Aid for the Psychiatry and Neurology Boards published by McGraw-Hill Medical Publications. Dr. Kan was honored with "Teacher of the Year" in UCSF residency for 2012.

**Susan Karpenko, LCSW** is a clinical social worker and certified group psychotherapist from the American Group Psychotherapy Association. She received her graduate degree in Social Welfare from the University of California Berkeley. She is a staff member with the San Francisco VA's Substance Use and Posttraumatic Stress Disorder program (SUPT). She provides treatment for veterans with co-occurring substance disorder and complex trauma histories, including combat, military accident and military sexual trauma. She supervises trainees from multiple health care provider disciplines in the SUPT program. She is a leader in providing and maintaining the Anger Management groups. She practices evidence-based treatments, including Prolonged Exposure and Cognitive Behavioral Therapies and has adapted them to group therapy settings. She is key provider of group therapy training to psychology interns, externs, residents and social work interns.

**Jessica Keyser, PhD** is a Staff Psychologist who works primarily in the Substance Abuse Day Hospital. Prior to this role, she worked in the Opiate Treatment Program, specializing in individual and group psychotherapy with veterans on medication assisted treatment for opioid dependence. She also works with the Health Psychology team, conducting evaluations of candidates for gastric bypass surgery. She received her PhD from Temple University in 2010, after completing her internship training at the SFVAMC. Following her internship, she completed a postdoctoral fellowship at the SFVAMC specializing in substance use and co-occurring disorders. Dr. Keyser is a VA national training consultant for motivational interviewing. She uses a flexible, integrative approach with veterans, combining CBT and MI skills within a relational conceptualization. She is passionate about supervision and training and works with trainees to develop an individualized training plan to meet their specific goals. Dr. Keyser is also active on the Health Promotion, Disease Prevention Committee, specializing in hospital wide interventions to help veterans limit alcohol intake to lower risk levels. Her research interests primarily include emotional processes underlying mood, eating, and substance use disorders and cognitive vulnerability to depression, and she recently served as a study therapist on Dr. Maguen's investigation of a CBT based intervention addressing the impact of killing in combat.

**G. Dawn Lawhon, PhD** is the training director for the Posttraumatic Stress Disorder Clinical Team (PCT) and has been a member of the PCT staff since 2007. After receiving her PhD in Clinical Psychology and Women's Studies from the University of Michigan (2004), Dr. Lawhon completed a clinical post-doctoral fellowship in PTSD at the San Francisco VAMC (2005) and a NIDA-funded research fellowship in substance abuse treatment at the University of California, San Francisco (2007). Within the PTSD clinical program, Dr. Lawhon conducts evaluations, leads therapy groups, and treats patients in individual therapy, with emphasis on enhancing motivation for treatment,

particularly in the context of complex trauma. She also conducts intakes and serves as a specialty PTSD consultant in the Behavioral Health Access Center. Dr. Lawhon specializes in integrative group treatment of PTSD, in which psychoeducation and cognitive behavioral skill building are provided within a relational and mindfulness-based frame. She provides supervision to psychiatry residents, psychology interns, externs and fellows, and participates in the PCT educational seminar.

**Kewchang Lee, MD** is Director of the Psychiatry Consultation Unit at the SF-VAMC and Associate Clinical Professor of Psychiatry at the UCSF School of Medicine. He is actively involved in clinical and teaching activities, focusing on consultation-liaison psychiatry and mental health issues in the primary care setting. He is Director of the UCSF Fellowship Program in Psychosomatic Medicine, and has published several chapters in psychiatry, internal medicine, and geriatric medicine texts. Dr. Lee was educated at Harvard University, and received his MD at New York University in 1992. He was trained in the psychiatry residency program at UCSF.

**Russell Lemle, PhD** is Psychology Director, Mental Health Service and Associate Clinical Professor, UCSF Medical School, Department of Psychiatry. He obtained his doctorate from SUNY at Buffalo in 1979. He completed his pre-doctoral internship at UCLA Neuropsychiatric Institute and postdoctoral fellowship in Family Therapy at Langley Porter Psychiatric Institute. Between 1984 and 1993, he was Chief of the SFVAMC Outpatient Alcohol Clinic, during which period he authored articles on alcohol treatment and etiology. Since 1992, he has been the Psychology Director (formerly called Chief Psychologist). Other areas of professional interest, teaching and publications include couples therapy, psychotherapy process and group therapy. Dr. Lemle is on the Planning Committee of the yearly national VA Psychology Leadership Conference and mentors trainees who are interested in the development of mental health policy. For his significant contributions to national VA Psychology issues, he received an APA Presidential Citation in 2005, the APA Division 18 Harold Hildreth Award in 2011 and the Antonette Zeiss Distinguished Career Award of the Association of VA Psychologist Leaders in 2013. Dr. Lemle is a Fellow in APA Division 18

**Shira Maguen, PhD** is Director of the Psychology Fellowship Program for the VA Advanced Fellowship Program in Mental Illness Research and Treatment, Associate Professor of Psychiatry at UCSF, and a Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT). Dr. Maguen completed her internship and postdoctoral training at the National Center for PTSD at the VA Boston Healthcare System after receiving her doctorate in Clinical Psychology from Georgia State University. She is involved with both the clinical and research components of the PTSD program. Within the PTSD clinical program, Dr. Maguen conducts evaluations and sees patients for individual therapy. She is involved in the provision of services for the returning Afghanistan and Iraq War veterans, and is the Mental Health Director of the OEF/OIF Integrated Care Clinic. Dr. Maguen specializes in evidence-based cognitive behavioral therapies, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Therapy and for PTSD. She leads the CPT seminar and supervision group offered through the PCT. She provides supervision to psychology interns, externs and fellows, teaches psychiatry residents in training with the PCT, and participates in the PCT educational seminar. Her research interests fall under the umbrella of PTSD and include risk and resilience factors in veterans, the psychological impact of killing in war, mental health issues in female veterans, and sleep and PTSD.

**Megan McCarthy, PhD** is Co-Director of the Clinical Postdoctoral Fellowship and a staff psychologist with the Suicide Prevention Program and the Director of the Telemental Health Program. She completed her predoctoral internship at SFVAMC and received her doctoral degree from the University of California, Berkeley. During fellowship at Cambridge Hospital/Harvard Medical School, she specialized in psychotherapies that focus on developmental and interpersonal aspects of psychopathology. As part of the suicide prevention program, Dr. McCarthy is based at the Santa Rosa CBOC and performs a range of clinical, administrative, and educational duties focused on the assessment, management, and treatment of suicidal behaviors in veterans at the Northern CBOCs (Santa Rosa, Ukiah, Eureka, and Clearlake). Dr. McCarthy is especially interested in interpersonal psychotherapy (IPT), models of clinical supervision, encouraging trainees to provide clinical care via videoteleconferencing, and bringing attachment research to bear on the development of more effective psychotherapies.

**John R. McQuaid, PhD**, is Associate Chief of Mental Health for Clinical Administration at the San Francisco VA Medical Center, and serves as a staff psychologist for the General Psychiatric Outpatient Service (GPOS). He completed his undergraduate education at the University of California, San Diego, his PhD at the University of Oregon, and his internship and postdoctoral fellowship at the University of California, San Francisco. Prior to joining the San Francisco VA in 2009, Dr. McQuaid worked at the VA San Diego Healthcare System and UCSD for 13 years as Director of a mood clinic. Dr. McQuaid's clinical and research expertise is in the development and use of cognitive-behavioral interventions for psychiatric disorders and health management issues. He has served as a PI, co-investigator or consultant on several treatment studies applying cognitive-behavior therapy to treatment of psychosis, comorbid depression and substance dependence, phantom limb pain and high risk sex behaviors. Dr. McQuaid also has extensive experience as a clinical supervisor, having twice received the teaching excellence award from the VA San Diego/UCSD Psychology Internship Program.



**Thomas Neylan, MD** is the Director of the Posttraumatic Stress Disorders (PTSD) Clinical and Research Programs at the San Francisco Veterans Affairs Medical Center. He is a Professor, In Residence in the Department of Psychiatry at the University of California, San Francisco. Dr. Neylan has been an active researcher in the study of sleep and Posttraumatic Stress Disorder for the past 18 years. He has been the Principal Investigator on multiple funded projects sponsored by the National Institutes of Health, the National Institute of Justice, the Department of Defense, and the Department of Veterans Affairs. Dr. Neylan has first-authored multiple articles in prominent psychiatric journals including the Archives of General Psychiatry, the American Journal of Psychiatry, Biological Psychiatry, Chronobiology International, Journal of Clinical Psychiatry, Journal of Traumatic Stress, Neuropsychopharmacology, and Psychosomatic Medicine. He has presented his research at national meetings such as the American Psychiatric Association, the American College of Neuropsychopharmacology, the American Sleep Disorders Association, and the International Society for Traumatic Stress Studies. Dr. Neylan has served on the National Institutes of Health, Center for Scientific Review, Adult Psychopathology and Disorders of Aging Study Section.

**Tatjana Novakovic-Agopian, PhD** is a Rehabilitation Neuropsychologist at SFVAMC TBI- Polytrauma Clinic. She is also an Assistant Professor at UCSF, and a Co-Director of the Program in Rehabilitation Neuroscience at SFVAMC, VANCHCS and UC San Francisco. She received her graduate education from Johns Hopkins University and California School of Professional Psychology, and her postdoctoral training at UCSF. Her clinical interests include assessment and cognitive rehabilitation/reintegration of individuals recovering from brain injury. Her research focuses on development and implementation of theory driven interventions for rehabilitation of executive control functions after brain injury, PTSD and in aging, and on ecologically valid multi-level outcome assessment methods. She is currently a Principal Investigator and a Co-Investigator on VA Merit and DOD sponsored clinical research studies investigating effectiveness of cognitive trainings in Veterans with PTSD, and history of TBI. She served as chair of the Brain Injury Research Committee of the California Pacific Regional Rehabilitation Center, and is a past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.

**Nancy Odell, LCSW** is a clinical social worker on the Substance Use/ Posttraumatic Stress Team (SUPT) and an Associate Clinical Professor at the UCSF Medical School, Department of Psychiatry. She received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorder prior to working at the San Francisco VA Medical Center. She provides group supervision for psychiatry residents and coordinates the SUPT Clinical Training Seminar. Ms. Odell participated in an inter-cultural exchange in the Republic of Vietnam. She traveled to Vietnam and met with various mental health professionals, university and government officials to exchange treatment information on Posttraumatic Stress Disorder and substance use disorders. She participated in a treatment outcome study with Stanford University investigating the effectiveness of group psychotherapy for women diagnosed with Posttraumatic Stress Disorder from childhood sexual abuse. She participated in MIRECC and DOD funded studies investigating the effectiveness of exposure based treatments for Vietnam and Iraq/Afghanistan veterans. She has specialized training in Cognitive Processing Therapy (CPT) for the treatment of trauma and additional training in Mindfulness Based Stress Reduction treatment. She has extensive training in Control Mastery Theory and her orientation is cognitive/behavioral and psychodynamic. Ms. Odell has a private practice in San Francisco.

**Sarah Palyo, PhD** is the Manager of the Intensive Pain Rehabilitation Program and Behavioral Pain Programs for the SFVAMC Pain Clinic. She received her PhD in clinical psychology from the State University of New York at Buffalo and completed her clinical internship at the Palo Alto VA Medical Center. She completed a post-doctoral fellowship in Stanford University's Behavioral Medicine Clinic. Dr. Palyo specializes in the assessment and treatment of co-occurring chronic pain conditions and psychiatric disorders, with an emphasis on CBT and ACT based interventions. Treatment modalities include individual, group, and video conferencing sessions with patients in the Community Based Outpatient Clinics. Dr. Palyo is also involved in the development of the interdisciplinary Pain Clinic, which has plans to include a CARF-accredited, tertiary pain program. Dr. Palyo's research interests include co-occurring chronic pain and PTSD and resiliency.

**Kellie Rollins, PsyD** is the Director of Psychology Internship and Practicum Training Programs at San Francisco VA Medical Center (SFVAMC) and staff psychologist in the Opioid Treatment Program (OTP) within the Substance Abuse Programs at SFVAMC. She assumes a clinical educator role as Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine. Dr. Rollins received her Doctor of Psychology degree from Nova Southeastern University in 2005 after completing predoctoral internship at Harvard Medical School/Boston VA Medical Center where she specialized in assessment and treatment of severe psychopathology in women Veterans and longer-term psychodynamic psychotherapy. She subsequently completed her postdoctoral fellowship at SFVAMC, focusing on the treatment of substance use disorders and posttraumatic stress and was hired on as staff in 2006. In her role as staff psychologist in ORT Clinic, she provides individual psychotherapy and group psychotherapy for Veterans with substance use disorders and co-occurring psychiatric, personality/characterological and medical conditions. As Director of Psychology Training at SFVAMC, Dr. Rollins leads the APA accredited clinical psychology predoctoral internship and the practicum training programs. She is also Chair of SFVAMC Mental Health Service Quality Improvement (QI), Member-At-Large of the Executive Committee of the National VA Psychology Training Council (VAPTC) and Campus Training Representative for the APA Federal Education

Advocacy Coordinators. Beyond the VA, she is chair of American Association for Treatment of Opioid Dependence (AATOD) conference workshop committee and has a part-time private practice and consultation business in San Francisco.

**Johannes C. Rothlind, PhD** directs the Neuropsychological Assessment Program at the SF VAMC. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his PhD in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a NIA-sponsored postdoctoral neuropsychology fellowship at the Johns Hopkins University School of Medicine, where he was engaged in mentored research on the neuropsychology of Huntington's disease and received further supervised training in clinical neuropsychology. Dr. Rothlind came to the SFVAMC in 1995 after several years on the faculty of the University of Maryland School of Medicine, as an assistant professor of psychiatry. His responsibilities at the SFVAMC include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He is the director of the Clinical Neuropsychology Residency training program at the San Francisco VA, and provides teaching and supervision to clinical psychology trainees at all levels of experience (practicum students, interns, post-doctoral fellows). He leads weekly training seminars and case-conferences reviewing core topics in neuropsychological and psychological assessment, including functional neuroanatomy, and theoretical and empirical foundations of clinical neuropsychological assessment and consultation. Dr. Rothlind also maintains active collaboration with SFVAMC and UCSF investigators studying the effect of deep brain stimulation for treatment of Parkinson's disease. His research interests also include developing methods for brief and reliable assessment of disorders of self-awareness in patients with neuropsychological disorders.

**Emily Sachs, PhD** is a Staff Psychologist at the San Francisco VA Medical Center (SFVAMC) specializing in pain management and trauma recovery in primary care, Pain Clinic and rural clinics via tele-mental health. To address the specific needs of Veterans returning from Iraq and Afghanistan with chronic pain, Dr. Sachs developed a specialized group program focusing on healthy pain coping, substance abuse prevention, and readjustment issues. Dr. Sachs also provides evidence-based training to medical staff regarding safe management of complex chronic pain patients. Dr. Sachs earned her PhD in Clinical Psychology at Fordham University in 2011, and completed her Clinical Internship and Postdoctoral Fellowship at the SFVAMC, with a focus on Pain Management, Primary Care Psychology and evidence-based treatments for PTSD. She has published original research articles on trauma and coping with chronic illness in the *Journal of Traumatic Stress* and the *Journal of Hospice and Palliative Medicine*.

**Martha Schmitz, PhD, ABPP** is a staff psychologist at the San Francisco Veterans Affairs Medical Center and Assistant Clinical Professor at University of California-San Francisco School of Medicine. She provides Posttraumatic Stress Disorder treatment to veterans residing in rural areas via telehealth, as well as at the medical center. Dr. Schmitz offers continuing education workshops and consultation in the treatment of PTSD and substance abuse to clinicians both nationally and abroad. She began working with Lisa M. Najavits, PhD, author of *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, as a postdoctoral fellow at McLean Hospital-Harvard Medical School in 2000 and continues to work as her associate through Treatment Innovations. She received her doctorate in counseling psychology from the University of Missouri-Columbia after earning her master's and bachelor's degrees from the University of California-Davis. She has collaborated on several research projects in both the United States and France. Her clinical and research interests include posttraumatic stress disorder, substance abuse, and resiliency in survivors of trauma.

**Courtney Smith-Kilbury, PhD** is a staff psychologist with the Mental Health Clinic at the Santa Rosa CBOC. She completed her pre-doctoral internship at the Bay Pines VAHCS and received her doctoral degree in Clinical Psychology from Virginia Commonwealth University in 2012. Following internship, she completed a postdoctoral fellowship specializing in substance use and co-occurring disorders at the San Francisco VAMC. As part of the Mental Health team in Santa Rosa, Dr. Smith-Kilbury provides individual and group psychotherapies, triage assessment and intervention, and clinical supervision to postdoctoral fellows. Clinically, she is interested in the assessment and treatment of substance use and comorbid disorders, particularly Social Anxiety Disorder and PTSD, and is certified as a national CPT provider.

**Mark Stalaker, PhD** is the Evidence-Based Psychotherapy Coordinator and staff psychologist with the General Psychiatric Outpatient Service (GPOS) and Posttraumatic Stress Clinical Team (PCT). He is also co-lead of the Dialectical Behavior Therapy (DBT) treatment team. After receiving his PhD in Social Psychology in 2004 from Harvard University, he obtained a Certificate of Clinical Respecialization from the University of Massachusetts at Amherst in 2006. He subsequently completed his clinical internship at the Baltimore VA Medical Center and postdoctoral fellowship in posttraumatic stress at the San Francisco VA Medical Center. Prior to transitioning to his current role, he served on the SFVA Suicide Prevention Team since 2009, and was program lead from 2010-2014. As EBP Coordinator, he serves as the administrative and clinical lead for implementation of evidence-based psychotherapies at SFVA. Dr. Stalaker's research and clinical interests include cognitive-behavioral and mindfulness-based interventions, with an emphasis on treatments for depression, PTSD, and

borderline personality disorder. He serves as a national training consultant with the VA Cognitive Behavioral Therapy for Depression (CBT-D) training program.

**John Straznickas, MD** is the Team leader for the Substance Use Posttraumatic Team (SUPT) and a staff attending psychiatrist in the Substance Abuse Outpatient Clinic (SAOPC) at the San Francisco VA Medical Center. He is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine, and has received several teaching awards from the residents in psychiatry including the Excellence in Teaching Award in 2004, 2007, 2008 and 2010. He organizes the substance abuse seminar for all the trainees and supervises the psychiatry residents and the psychology fellows, interns, externs and medical students. He has expertise in the theory and practice of group psychotherapy and leads two group supervision seminars for both faculty group leaders and psychiatry residents. Dr. Straznickas received his medical degree from Duke University and is a graduate of the UCSF psychiatry residency program.

**Elizabeth S. Sutherland, PsyD** is the Geropsychologist for the Department of Geropsychiatry along with Assistant Clinical Professor, Department of Psychiatry at the University of California, San Francisco. Dr. Sutherland is also an adjunct professor at John F. Kennedy University. Currently, she has been serving as co-chair of the Disruptive Behavior Committee for several years covering SFVAMC and all the CBOC's. She completed her pre-doctoral internship at Mount Sinai Medical Center in Manhattan through the Department of Rehabilitation Medicine specialized in acute inpatient units for spinal cord injuries and traumatic brain injuries. Dr. Sutherland completed her postdoctoral fellowship at the San Francisco VA Medical Center, specializing in older adults for both inpatient and outpatient services. Research interests include evaluating the efficacy of interdisciplinary teams with individuals diagnosed with dementia within long-term care facilities.

**Alexander Threlfall, MD, MA** is the Associate Chief of Staff (ACOS) for SFVAMC MH operations in the community based outpatient clinics (CBOC's). He is also the acting director for mental health at the Santa Rosa CBOC. He completed his fellowship training in geriatric psychiatry at UCSF and the SFVAMC in June of 2011 after completing his residency training at the University of Pennsylvania in June of 2010, where he was chief resident of psychosomatics and emergency psychiatry at the Hospital of the University of Pennsylvania and inpatient services at the Philadelphia VAMC. He attended medical school at Texas Tech School of Medicine in Lubbock, TX, which provided a unique opportunity for training in rural setting. As the ACOS for MH – CBOC's, Dr. Threlfall has brought his clinical expertise and administrative background to facilitate the continued innovation of mental health care within the SFVAMC's CBOC's across both the generational and clinical spectrum.

**Hui Qi Tong, PhD** is a staff psychologist and psychology training director for the Women's Mental Health Program at the Women's Clinic, San Francisco VA Medical Center. She is a supervising staff for the Interpersonal Psychotherapy Clinic at SFVAMC. She is Clinical Assistant Professor, UCSF, School of Medicine. Dr. Tong received her medical degree from Shanghai Medical College, Fudan University in China and her PhD in Clinical Psychology from Palo Alto University. She completed her psychiatric residency program at Shanghai Mental Health Center, Shanghai Jiao Tong University and her psychology internship and fellowship at the San Francisco VA Medical Center. She has expertise in research-informed psychotherapy and works with an integrative approach. In her clinical work, Dr. Tong conducts CBT-based intervention (i.e. Seeking Safety), Interpersonal Psychotherapy (IPT), Time-limited Dynamic Psychotherapy (TLDP) and Mindfulness-Based Interventions (i.e. MBSR, ACT). Dr. Tong is also actively involved in the Global Mental Health Program at UCSF, conducting PTSD research and providing training in psychotherapy in China.

**Joni L Utley, PsyD** is a Staff Psychologist in the Drug and Alcohol Treatment (DAT) Clinic and the Substance Abuse Day Hospital (SADH). She completed a 2-year postdoctoral fellowship at VA Boston Healthcare System, where she specialized in treating PTSD/SUD and held an academic appointment at the Boston University School of Medicine. Prior to this, she completed her internship at the University of Massachusetts Medical School/Worcester State Hospital, where she obtained a broad range of clinical training experiences with a focus on trauma, addictions, and co-occurring disorders. Dr. Utley earned her doctoral degree in Clinical Psychology from Regent University in Virginia Beach, VA. She has research experience in PTSD, SUD, posttraumatic growth, and cognitive behavioral couples' therapy. In addition to her current role at the San Francisco VA, Dr. Utley is an associate for Lisa Najavits, PhD (developer of Seeking Safety) with Treatment Innovations, a company that provides training and consultation for evidence based practice with PTSD/SUD. She is also a veteran; she served 5 years active duty and is currently a Lieutenant Commander (O-4) in the Coast Guard Reserve.

**Angela Waldrop, PhD** is Interim Director of the Stephen M. Rao Fellowship in Interprofessional LGBT Health Care. She is an Assistant Adjunct Professor of Psychiatry at UCSF and a Staff Psychologist on the PTSD Clinical Team at the San Francisco VAMC and at the San Francisco Downtown Clinic. She received her doctorate in clinical psychology from the University of Missouri-St. Louis. She completed her predoctoral internship and a NIMH-funded research postdoctoral fellowship at the Medical University of South Carolina, primarily at the National Crime Victims Research and Treatment Center. Her clinical expertise is in the treatment of PTSD, anxiety and mood disorders, and substance use disorders, with a focus on the application of empirically-based treatments.

**Samuel Wan, PhD** is Co-Director of the Clinical Postdoctoral Fellowship and a staff psychologist with the SFVAMC Substance Use and PTSD Clinic (SUPT) and is an Assistant Clinical Professor of Psychiatry at UCSF. He completed his pre-doctoral internship with the Boston Consortium in Clinical Psychology and post-doctoral fellowship in Substance Use Disorders at the San Francisco VA Medical Center. He received his PhD in Counseling Psychology from Boston College, and later collaborated on a clinical research project investigating the efficacy of treatments for co-occurring chronic pain and PTSD. As team member of the SUPT clinic, Dr. Wan performs a range of clinical, administrative, and educational activities focused on the assessment, management, and treatment of co-occurring substance use disorders and PTSD in the veteran population. Dr. Wan's clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. He is currently serving as Chair of the Planning Committee for the Annual VA Psychology Leadership Conference, Member-At-Large for Division 51 (Society for the Psychological Study of Men and Masculinity), and as Chair of the Psychology Diversity Committee. For 2012, Dr. Wan was selected as the James Besyner Early Career Award for Distinguished Contributions to VA Psychology by the Association of VA Psychology Leaders. For 2008-09, Dr. Wan was an Early Career Leadership Fellow with the Asian American Psychological Association, a program that he now co-chairs.

**Joan Zweben, PhD** is part time staff psychologist at the VA where she supervises trainees in issues related to the treatment of addiction. Dr. Zweben is a Clinical Professor in the Department of Psychiatry, UCSF Medical Center. Dr. Zweben is an APA Fellow in the Addiction Division since 1997. Most of her time is spent as Director of the East Bay Community Recovery Project in Oakland, a substance abuse treatment program that provides psychological and medical services in residential and outpatient settings, and also offers supportive housing. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She is an author of four books and over 70 journal articles and book chapters on substance abuse issues. She does consulting and training in a wide range of drug and alcohol treatment modalities.

**Leila Zwelling, LCSW** is a clinical social worker with the San Francisco VA's Women's Clinic Mental Health Program and an Assistant Clinical Professor with UCSF's Psychiatry Department. She provides gender-specific treatment for female veterans with complex trauma histories, including childhood abuse, combat and military sexual trauma, and intimate partner violence. Ms. Zwelling is VA certified in evidence-based treatments, including Prolonged Exposure and Interpersonal Psychotherapy, and she was recently selected as a Staff Consultant for the VA's national Interpersonal Psychotherapy Rollout Program. Ms. Zwelling supervises trainees in the Women's Integrated Care Clinic, providing mental health treatment and consultation in the primary care setting. As the clinics' Intake Coordinator, she has played a key role in the expansion of women's mental health services at the San Francisco VA. She also teaches a weekly seminar on Interpersonal Psychotherapy for psychology students. A graduate of the University of Virginia, she completed clinical training with UCSF's Infant-Parent Program, and worked in San Francisco General Hospital's Psychiatry Department prior to joining the VA.